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**JOHN K. SCUDDER, M. D.**  
**MANAGING EDITOR.**  
 Assisted by the Faculty of the Eclectic Medical Institute

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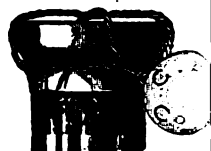
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## ORIGINAL COMMUNICATIONS.

WORTHINGTON COLLEGE, OHIO; REFORMED MEDICAL DEPARTMENT.\*†

By Harvey W. Felter, M. D.

[Reprinted from an article prepared by request for THE "OLD NORTHWEST" GENEALOGICAL QUARTERLY, October 1903.—Worthington Centenary Number.]

THE space occupied by the following sketch of Worthington Medical College precludes an extensive article on the reasons for the establishment of such a venture. Suffice it to say that the medical practice of the early part of the century was of such a heroic character that many of the physicians, not to say a large proportion of the people, rebelled. The necessity for reform in medicine had come, and many were the systems inaugurated to accomplish such a reformation.

Among those who combatted the current practices of the day was Dr. Wooster Beach, of New York City. He soon gathered around him men to assist him in his work, and among these we find those who were so prominent in locating and maintaining the medical school at Worthington. Briefly, the career of that institution is given in the following paragraphs. Necessarily the New York school is referred to in order to preserve the historical connection between the two schools.

Dr. Beach, while a member of the N. Y. Co. Medical Society, attempted to introduce his afterward widely-famed *Reformed System*. Here he failed to receive encouragement, but, on the contrary, met with the most intense opposition. This led him to emulate the exam-

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\* Title as given on Dr. Johnson's Diploma.

† A portion of this article has been reproduced from the "History of the Eclectic Medical Institute," 1845-1902, by H. W. Felter, M. D.



ple of the celebrated John Hunter, by opening for clinical instruction, in the city of New York, the United States Infirmary.<sup>1</sup> In this he was aided by some of his former pupils; for he had, since about 1825, clinically instructed students at his house in Eldridge Street. The Infirmary was established as early as the spring of 1827,<sup>2</sup> and subsequently expanded, first into the Reformed Medical Academy (1829), and later (1830)<sup>3</sup> into the Reformed Medical College of the City of New York. The latter flourished until 1838, and was regarded as fully as efficient and as well equipped for instruction as any medical college of that day. It was not, however, classed exactly as Eclectic. Soon after (1829) the establishment of the Academy, Dr. Beach, together with Drs. Thomas Vaughan Morrow, Ichabod Gibson Jones and John J. Steele, all regular graduates in medicine, and others, formed a society under the name of the Reformed Medical Society of the United States. Dr. Beach presided. The membership was composed chiefly of young physicians possessed of marked energy and enthusiasm for the new cause. This *national* gathering appears to have antedated other similar bodies in this country.<sup>4</sup> On November 29, 1829, the following officers were chosen for this body: "President, W. Beach, of New York City; Vice-president, John J. Steele, of Fayette County, Pa.; Secretary, Thompson Richardson, of Marietta, Pa.; Treasurer, G. W. Downing, City of New York; Board of Examiners, Thomas V. Moreau (Morrow), Hopkinsville, Ky., Amzi Sanborn, Parsonsfield, York County, Maine, S. A. Stanley, of Farmington, Conn."<sup>5</sup> At a meeting of this society held in New York City, May 3, 1830, the following resolutions were presented and adopted:

*Resolved*, That this society deems it expedient to establish an additional school in some town on the Ohio River, or some of its navigable tributaries, in order that the people of the West may avail themselves of the advantages resulting from a scientific knowledge of Botanic Medicine.<sup>6</sup>

*Resolved* That Dr. John J. Steele be sent, on or before the middle of August next, to explore the towns on the Ohio River, from the head of navigation to Louisville, in order to fix upon an eligible site for a Reformed Medical Institution, and in case of failure, to proceed further west or south.<sup>7</sup>

*Resolved*, That those who contribute towards erecting the edifice for said school, shall be repaid in full, in medicine and attendance by our Faculty; or in the instruction of such young men as they may choose to have instructed in the principles of the New System.

*Resolved*, That these proceedings be signed by the President, Vice-

1. Western Medical Reformer. Vol. I, 1836, p. 5.

2. See Beach's American Practice, Introduction, p. 12.

3. In a rare pamphlet printed in 1830, the title page refers to the school as the New York Medical Institution, while under the engraving of the college building are the words, "Reformed Medical College, Eldridge st." The date has generally been given as 1834.

4. Wilder's article on "Wooster Beach," in Eclectic Medical Journal, 1893, p. 117.

5. Rise and Progress of the Reformed Medical Society, 1830, p. 18.

6. Western Medical Reformer, Vol. I, 1836, p. 5.

7. Rise and Progress of the Reformed Medical Society, 1830, p. 26.

president and Secretary, and that the editors in the West be particularly requested to give them one or more insertions.

JOHN J. STEELE, Vice-president.

W. BEACH, President.

WASHINGTON STARRETT, Secretary,

93 Eldridge Street, New York City.

The progress of empire was rapidly making its way westward, and the great Northwest Territory offered apparent advantages to the far-seeing Beach and his sagacious associates. Worthington was not five years old when an act of incorporation was obtained from the Legislature,<sup>8</sup> February 20, 1808, for a school to be known as the Worthington Academy. Under this name the institution was conducted with a "good degree of success," until the 8th of February 1819,<sup>9</sup> when a new charter was granted, incorporating the school as Worthington College. When the act incorporating the college was passed, the act of incorporation of the academy was repealed. At this time the trustees of Worthington College were: Philander Chase, James Kilbourne, Thomas S. Webb, Chester Griswold, Recompense Stansberry, Chauncy Baker, Stephen Maynard, Ezra Griswold, Benjamin Gardiner, Orris Parrish, Lucas Sullivant and Leonard H. Cowles.<sup>10</sup>

Section 1 of this Charter reads as follows, and is here inserted to disprove the allegations advanced that "the institution has no power to confer degrees;" and again, "that it had no charter at all":

*An Act to establish a College in the town of Worthington :<sup>11</sup>*

SECTION 1st: -Be it enacted by the General Assembly of the State of Ohio, that there shall be a college instituted and established in the town of Worthington, in the County of Franklin, on such lot or lots of land, in said town, as the trustees hereinafter appointed may procure by purchase, grant, gift, or otherwise, by the name and style of "Worthington College," for the instruction of youth in the Liberal Arts and Sciences; in Virtue, Religion and Morality; and for *confering all the Degrees and Literary Honors granted in similar institutions.*

Acting upon the conviction that "the great American idea of Medicine was to take permanent root" in the "mighty West," Dr. Beach issued a circular<sup>12</sup> and sent it to various points in the West and South, the object being to elicit such information as would enable him to make a judicious selection in locating a Reformed Medical College.<sup>13</sup> Fortunately one of these circulars came to Worthington College. Evidently with a view to municipal expansion, liberal offers were made to rising institutions to locate in Worthington, and accordingly, at the instance of Colonel Kilbourne,<sup>14</sup> the trustees sent an invi-

8. See Laws of Ohio, 1808, Vol. VI. p. 51. The incorporators were, James Kilbourne, Isaac Case, Moses Maynard, Ezra Griswold, Alexander Morrison, Jr., Thomas Palmer, and Noah Andrews.

9. See Laws of Ohio, 1819

10. Williams Bros.' History Franklin and Pickaway Counties; also Laws of Ohio, 1819.

11. Western Medical Reformer, Vol. II, p. 210; see also Laws of Ohio, 1819.

12. See Resolutions of Reformed Medical Society. in Rise and Progress of Reformed Medical Society, 1880, p. 26.

13 and 14. Bickley's History of the Eclectic Medical Institute in Eclectic Medical Journal, 1857, p. 60. After diligent search among old records, including Chase's Reminiscences

tation to Dr. Beach, offering him the advantages of their charter and use of their building for his proposed medical school in the West.

Upon the acceptance by Dr. Beach and his associates of the offer of the trustees to establish a medical department at Worthington, an amendment to the above-mentioned charter was said to have been made in 1829, establishing such a department of the college "for the purpose of studying the medical resources of our country, in addition to the ordinary curriculum usually pursued in medical colleges."<sup>15</sup> According to Dr. Wilder, the Worthington Medical School "has the distinction of being the first institution of the American school ever created under the direct authority of a legislative enactment."<sup>16</sup>

The plan of opening a school in the growing West was now fully matured. The liberal offer of Colonel Kilbourne and the other trustees of Worthington College, offering their charter and edifice for the establishment of a medical department, seemed providentially to open the way for the advance of medical reform; and, losing no time, preparations were at once made to open the Reformed Medical College of Ohio, better known as the "Medical Department of Worthington College." According to the Resolutions of the Reformed Medical Society (which see), Dr. John J. Steele, "a reformed Allopathic physician of rare accomplishments,"<sup>17</sup> was sent by Beach to examine the place, and if approved, to accept the offer and make the necessary arrangements to open the school.

The new institution was finally opened for instruction in December, 1830,<sup>18</sup> "with professors duly qualified to give instruction in all the regular departments of medical science, as well as collateral branches by lectures, examinations, etc., with Dr. John J. Steele as President, but owing to some difficulties" (irrelevant to the subject), "it soon

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and inquiry among survivors of that period, we cannot find (as has generally been stated) that Bishop Chase had anything to do directly with inducing Beech to locate his college in Worthington. After Chase's troubles with Kenyon College he never returned to Worthington, and indeed at that time would have had no influence, as he was then extremely unpopular in that town. He should be remembered, however, for his efforts in securing the charter for Worthington College (in 1819), the institution upon which the medical department was later engrafted. The honor of locating the medical department in Worthington belongs to Colonel Kilbourne.

15. Alexander Wilder. The School at Worthington, in *Eclectic Medical Journal*, 1894, page 551. In the Laws of Ohio, appears no record of this amendment. Indeed, it would appear doubtful from the wording of the act (which see) abolishing the medical department, whether such an amendment was ever made, but rather that the college operated under the elasticity of the clause in the charter of the Worthington College (1819) reading: "For the instruction of youth in all the liberal arts and sciences." However, Colonel Kilbourne, in a public address, speaking of the school as "here to remain appended to and connected with the chartered college before existing; to be aided and assisted by this Board, with our chartered powers, in conferring the degrees and honors of the college on those who shall merit them, in the classical, medical, or more general courses of science."

16. *Ibid.*

17. History of the Eclectic Medical Institute, by Professor G. W. L. Bickley, in *Eclectic Medical Journal*, 1857, p. 57.

18. T. V. Morrow, paper on Reformed Medical College at Worthington, O., in *Western Medical Reformer*, Vol. I, 1836, pp. 5 and 97. Also Jenkins' *Ohio Gazetteer and Travelers' Guide*, 1st ed. p. 481. Several erroneous published statements have placed the date 1832.

became necessary for Dr. Steele<sup>19</sup> to vacate his situation in the school, and it was filled by the present incumbent [Morrow] in the course of the ensuing spring." (T. V. Morrow.) Seven or eight students attended the first winter session; the number increased during the summer, so that in the winter of 1832-3 from fifteen to twenty were in attendance. "The most untiring efforts were made at this early period of its history, by its enemies, to prostrate it, by the dissemination of every species of falsehood and slander which the most envenomed malice could devise. No pains and trouble were spared to excite in the public mind prejudices against its peculiar principles and practices."<sup>20</sup> This "proved only partially successful in misleading the public,"<sup>21</sup> for at the next session (1833-4) thirty attended; thirty-three or thirty-four the succeeding year, while in attendance upon the session of 1835-6 were forty students.

Ten months of lectures, divided into spring and summer and fall and winter terms, constituted the annual course; the winter sessions at \$50 in advance, or \$60 at the close of the term; \$20 to \$25 being the fees for the summer session, in which the lectures were not so full, but in which a full course on botany was included, with practical studies in the botanical garden in connection with the school.<sup>22</sup>

Closely following Dr. Steele, came Dr. I. G. Jones, in 1830, and finally upon the disaffection of Dr. Steele, Dr. Thomas Vaughan Morrow, a native of Kentucky, a graduate in Dr. Beach's Reformed Medical College, and occupant of the chair of Obstetrics in his Alma Mater, who had been left in New York to make fuller arrangements for the new school, came to Worthington, and in 1831, upon the recommendation of Dr. I. G. Jones, was selected by the trustees as president of the enterprise. Though but twenty-five years of age, his master hand was at once seen, and, upon taking the oath, he delivered an address of which Professor Bickley writes: "Which, in literary, scientific, and reform merit will forever stand unparalleled as a master effort of a master mind. Had Morrow never made another stroke with his pen, that essay alone would have marked him as a man of giant intellect."<sup>23</sup> In speaking of the school at this time, Dr. I. G. Jones says: "I was for a time comparatively single-handed. The chosen head [Dr. Steele] of the institution was, at best, but imperfectly taught in the principles of true reform, and knew but little of our system of practice. In fact, he was but recently a seceder from the old school; but he was a man of most decided talents and scientific attainments. Flushed, however, with the success attendant upon our treatment of the cases first intrusted to our care and the growing influence connected therewith, he began to indulge in habits incompatible with the moral sense of the community in which we were placed, and, failing

19. Dr. Steele returned to New York City, and died shortly afterward.

20. T. V. Morrow in *Western Medical Reformer*, 1836, p. 97.

21. *Ibid.*

22. T. V. Morrow in *Western Medical Reformer*, Vol. I, 1836, pp. 97, 98.

23. Bickley's *History of the Eclectic Medical Institute*, in *E. M. Journal*, 1857, p. 60.

thereby to meet the expectations of the trustees, he resigned and left the State.<sup>24</sup>

The college now started out with Dr. T. V. Morrow, President, and Drs. I. G. Jones and J. R. Paddock, as professors.<sup>25</sup> In 1836, "*The Western Medical Reformer*, a monthly journal of medical and surgical science, by the medical professors of Worthington College, editors and proprietors," was launched to advocate and disseminate the doctrines and practice of the Reformers. The cause flourished. The Worthington Infirmary was opened for clinical instruction in July, 1837. The condition of the reform movement may be inferred from Professor Morrow's statement in 1836.<sup>26</sup> He wrote: "There are now, in different sections of the United States, about 200 regularly-educated, scientific medical reformers who have gone forth from New York and Worthington schools, besides a considerable number of old-school physicians who have come out and openly declared themselves decidedly in favor of the improved, or botanical, system of practice, so far as they have been able to become acquainted with its principles."<sup>27</sup> Though the term "botanical" is here employed, Beach and his followers never had anything in connection with the Thomsonian system, as is fully shown by the unrelenting attacks upon the Reformers by the Thomsonians, whose acrimonious utterances were no less vituperative than those of the dominant school.

The college edifice<sup>28</sup> was an oblong, two storied, brick structure, well-lighted and painted a bright red color. Surmounting it was a cupola protecting a bell. This bell now calls the children to their studies in the commodious and elegant public high-school buildings which stand almost upon the spot where the old college was located. The anatomy room, well lighted, was equipped like an amphitheater. According to a student<sup>29</sup> of that day, the college possessed excellent chemical apparatus, and it was really a good place in which to get a medical education. The old college building was torn down in 1875.

The leading professors of the college were men of great ability and extensive attainments. Dr. J. L. Riddell, who early filled the chair of chemistry, resigned in 1832 or '33, and was later connected with the chair of chemistry in the University of Louisiana, and with the medical department of Cincinnati College (literary and scientific). Professor Riddell was succeeded by Professor Jonathan R. Paddock, M. D., a fine scholar, who had previously held a professorship in the

24. Introductory Lecture by Dr. I. G. Jones in Eclectic Medical Institute, November 22, 1850. See Eclectic Medical Journal, 1851, p. 1.

25. Williams' History of Franklin and Pickaway Counties.

26. T. V. Morrow in Western Medical Reformer, Vol. I, 1836, p. 5.

27. Flattering notices of Worthington and the medical department, are given in the Ohio Annual Register for 1835, p. 108; also in Ohio Gazetteer and Travelers' Guide, by Warren Jenkins, 1st ed. p. 484.

28. The building is well remembered by Mrs. L. H. Wright, still residing in Dr. Morrow's house at Worthington, and by whom many interesting details were given the writer.

29. Rev. J. H. Creighton, M.D., now of Lithopolis, O., who graduated from Worthington Medical College in 1840.

literary department of Worthington College. "He was an excellent chemist, a splendid botanist and a friend of Mr. Sullivan, of Columbus," whose fame as a botanist was national. "Professor Mason was a good anatomist and an interesting lecturer." Professor Day is described as "a fine lecturer; but was not so decidedly for Reform as was Dr. Morrow, and he would occasionally prescribe some form of mercury. Professor Morrow was a man of great medical knowledge and energy. In addition to his college duties he had an immense practice. He sometimes lectured on anatomy, and was able to take the place of any of the professors. He gave no calomel and was decidedly for botanic medicines. His favorite alterative, which was perhaps given more than any other, was *macrotys racemosa* (*cimicifuga*). Some of the students called him 'Old Macrotys.'"<sup>30</sup>



WOOSTER BEACH, M. D.



T. V. MORROW, M. D.

As stated above, the college started with a Faculty of three professors. The Announcement<sup>31</sup> (signed by T. V. Morrow, M. D.) of July 14, 1836, makes the following arrangement for the approaching session:

T. E. MASON, M. D., on Anatomy, Physiology and Surgery. Eight lectures a week.

J. R. PADDOCK, M. D., on Chemistry, Botany and Pharmacy.

I. G. JONES, M. D., on Diseases of Women and Children, and Medical Jurisprudence.

T. V. MORROW, M. D., on Materia Medica, Obstetrics and Theory and Practice of Medicine.

The succeeding year (1837)<sup>32</sup> Dr. Morrow added Physiology to his

30. Extracts from letter from Rev. J. H. Creighton, July 3, 1901.

31. Western Medical Reformer. Vol. II, 1836, p. 111.

32. Announcement in Western Medical Reformer, Vol. II, June, 1837, page 278.

duties, and dropped *Materia Medica*, which was taught by Joseph B. Day, M. D., who also taught Surgery, Professor Mason assuming Operative Surgery. The July, 1838, Circular announces the resignation of Professor Truman E. Mason and the appointment of Richard P. Catley, M. D., to the chair of Anatomy and Operative Surgery. This proved an unfortunate venture. The December number, 1838, closing the third volume of the *Western Medical Reformer*, announces in the college catalogue, "in order to prevent imposition on the public," the following list of professors "from the commencement of the medical department of this institution to the present time:"<sup>33</sup>

JOHN J. STEELE, M. D. <sup>o</sup>	J. R. PADDOCK, M. D.
I. G. JONES, M. D.	D. L. TERRY, M. D. <sup>o</sup>
T. V. MORROW, M. D.	T. E. MASON, M. D. <sup>o</sup>
W. STABRETT, M. D.	J. B. DAY, M. D.
J. L. RIDDELL, M. D. <sup>o</sup>	R. P. CATLEY, M. D.

All but Drs. T. E. Mason and J. B. Day are also named in the list of graduates of the institution.

Subsequently, Dr. A. Bronson,<sup>34</sup> a graduate of the college, is said to have occupied a professor's chair for a brief time at least, and Dr. B. F. Johnson, a son of Governor Joseph Johnson, of Virginia, another graduate, was also a professor, remaining through the succeeding dark days of the college. Moreover, a diploma of 1840 is signed by Colonel James Kilbourne, as president; Drs. T. V. Morrow, J. B. Day, I. G. Jones, J. R. Paddock and G. W. Chevers as members of the Faculty.<sup>35</sup>

In an *Annual Circular and Regulations*<sup>36</sup> relating to the medical department of Worthington College, issued as a *Western Medical Reformer* extra,<sup>37</sup> July 8, 1839, reasons for the diminished classes are given; and a new set of regulations adopted, which it was hoped would remedy some defects in the organization. This circular also states that the fall and winter course will have five lectures daily and continue five months; the spring course provided for lectures on each alternate day, to continue three months. The last week of each session was set apart for examinations, for graduation, and for the granting of degrees. At no other time could degrees be granted, excepting honorary, unless by a special act of the Board of Trustees. The Faculty arrangement for the fall and winter term of 1839 (with fees) was as follows: Anatomy and Physiology (\$12), T. V. Morrow, M. D.;

33. The mark <sup>o</sup> denotes resigned; the mark † denotes dead.

34. There is no official mention of Dr. Bronson as a professor previous to 1839, and the Rev. J. H. Creighton (now of Lithopolis, O.), who graduated from Worthington Medical College in 1840, writes me (July 5, 1901) that "Bronson came to Worthington while I was there, but I never knew him as a professor."

35. Alexander Wilder. Worthington College. in *Eclectic Medical Journal*. 1894, p. 557

36. This valuable circular was kindly loaned by Miss Esteen R. Paddock, Maysville, Ky., daughter of Dr. J. R. Paddock.

37. The *Western Medical Reformer* had already been suspended.

Chemistry and Medical Jurisprudence (\$12), G. W. Chevers, M. D.; Theory and Practice of Medicine, and Midwifery (\$10), J. B. Day, M. D.; Surgery, and Diseases of Women and Children (\$10), I. G. Jones, M. D.; Botany, Materia Medica, and Pharmacy (\$10), J. R. Paddock, M. D. Fees for each professor's ticket for the spring and summer course, \$5. Graduation fee, \$10. Use of dissecting room, \$3—optional." This circular is signed by the president, James Kilbourne; the secretary, R. W. Cowles, and by J. B. Day, M. D., as Dean. It has generally been stated that Dr. Morrow was always Dean, but this circular shows such a view to have been an error.

The path of the reformer is at no time easily trodden. Worthington Medical School, with its promoters, shared the common lot of pioneer institutions. Although for the most part the Faculty was unusually harmonious, dissensions gradually arose which were to darken the way for Morrow and his faithful associates. When Dr. I. G. Jones, owing



I. G. JONES, M. D.



B. F. JOHNSON, M. D.

to increasing practice in the Capital, was obliged to remove to Columbus, a graduate of the institution (1832), Dr. D. L. Terry, was called to a professorship, and was also taken into partnership by Dr. Morrow. Not long afterward he began to sow seeds of discontent among the students, and at last, in May, 1836, went over bodily to the Thomsons, and subsequently engaged in acrimonious disputation through the *Botanical Recorder* with the Faculty at Worthington.

For the first few years the college was in a thriving condition, and much enthusiasm was shown by Faculty and students. For nearly ten years the Faculty supported the institution without the least outside aid. Liberal State appropriations were made to the Ohio Medical College, then the leading Allopathic college in the West, but no such liberality was shown the Worthington College. The college edi-



ifice was none too well adapted for a medical institution, and money was needed for more chemical apparatus, to fit up and more fully furnish the anatomical museum and for a library. Repairs were also very much needed. The tuition fees had thus far been applied to keeping up supplies. However, as before stated, the Faculty, more so than of most infant institutions, was unusually harmonious, but the lack of funds began to be felt by all. Colonel Kilbourne<sup>38</sup> suggested that the Legislature be memorialized to appropriate funds, and private benevolence was appealed to. Further, in 1834, in a private letter to the Hon. Thomas Ewing, United States Senator for Ohio, he had importuned the latter to urge Congress to make an appropriation of public lands in the northern portion of Ohio for the benefit of Worthington College, but without success, owing chiefly to the temper of the times.

It had become evident, however, that the town was too small and out of the way ever to become a great medical center, and this, coupled with the animosities of its enemies, as well as the difficulty of procuring anatomical material, led to the consideration of a plan to abandon the Worthington College and remove the school to Cincinnati. Dr. Richard P. Catley, of the chair of anatomy, had now become "a bitter enemy to the further advancement of the school, and adopted the most unwarrantable measures to effect its destruction."<sup>39</sup> Removing to Delaware, Ohio, he circulated unsavory items concerning the manner of procuring dissecting material. Nothing so inflames the people as the violation of the sanctity of the sepulcher. But it must be remembered that in this matter Worthington College was not one whit different from other medical colleges of that period, all of which procured anatomical material chiefly from the potter's fields of various cemeteries. Up to this time no provision had been made by the State (by statute, as is now the case) for furnishing anatomical material. The Faculty had used its utmost endeavors to prevent violation of family lots, and had, as necessity compelled, only countenanced the disinterment of pauper subjects—such as is now freely permitted by the laws of the State.<sup>40</sup> But the enemies of the college were now at work. "Exaggerated pictures of sepulchral robbery," most horrible and repulsive tales of resurrection greatly exposed the Faculty to an indignant populace, and several suits for disinterment were threatened. The class dwindled to about twenty; in 1838 the *Western Medical Reformer* was suspended, and the *Infirmery* closed. Criminal charges were brought against Dr. Morrow, of which he was acquitted. The majority of the Faculty was disheartened, but Dr. Morrow never lost heart. "On two occasions the sheriff and posse

38. *Western Medical Reformer*, Dec. 1838, p. 177.

39. Bickley. *History of Eclectic Medical Institute*, E. M. Journal, 1857.

40. "This matter was mostly managed by the students, and some of them were very intemperate and reckless. This was especially so with respect to students from the Southern States who had more money than they needed." See *Life and Times of Rev. J. H. Creighton*.

surrounded the college and made thorough search for bodies, but such was the complete arrangement that none were found. Afterward, however, a hiding-place was discovered, and a body was found and taken away."<sup>41</sup> Exaggerated newspaper accounts were given of the "Resurrection War," as it was termed. The trouble was largely instigated by non residents, the citizens of Worthington being favorable to the college.

The climax was reached in the autumn of 1839. A Mrs. Cramm, of Marietta, O., died at the State Insane Asylum, and owing to the deep mud roads to Columbus, her relatives did not arrive in time to claim her body. For some reason or other she was buried in the potter's field, then located where the Union Depot of Columbus now stands. Upon the arrival of the Cramms, they found that the grave had been disturbed. Upon opening it they found no body. Suspicion was at once directed to the Worthington Medical College, and the flame was fanned by the college enemies. Two other graves were found to have been opened. On one memorable day news came that there was to be



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an attack on the college building, and that a great company of men were on their way from Delaware for that purpose. The students and their friends by chance got word in time to arm themselves with pistols and shot-guns, and every kind of firearm that they could procure, and fortified themselves in the college building. At length the mob arrived. A lawyer named Powell, from Delaware, made an inflammatory speech. The infuriated rabble first searched the house and office of Dr. Morrow, but found nothing. Behind the house, how-

41. Ibid.

ever, search revealed the dead body of a negro ensheathed in a shock of freshly cut corn. Their fury now knew no bounds; a pitched battle was barely averted in Windsor street, and Dr. Morrow and others defended the college with rifle in hand. It is said that battering rams were erected for the demolition of the building. Finally, some one betrayed the Faculty, by placing in the hands of the mob the key to the college edifice. Dr. Morrow, seeing that further resistance was useless, stepped out and announced his determination to yield, provided the faculty be allowed to take with it the movable college property. This request was granted. Had an attack been made, the Esculapians would certainly have fired upon the mob. Entering the building, the latter found what was believed to be the body of Mrs. Cramm upon the dissecting table. The college at Worthington had received its mortal blow, and its enemies exulted. But it was to rise again in a more favorable locality, and outlive the machinations of its enemies. The Legislature (March 20, 1840<sup>42</sup>) passed the following enactment:

"AN ACT TO AMEND AN ACT ENTITLED:

*"An Act to establish a College in the town of Worthington.*

'SECTION 1. Be it enacted by the General Assembly of the State of Ohio: That so much of the first section of an act, entitled, an act to establish a college in the town of Worthington, as may be construed as to authorize the trustees of said college to confer medical degrees, be, and the same is hereby repealed.

"WM. McLAUGHLIN,  
"Speaker of Senate."

"THOMAS J. BUCHANAN,  
"Speaker of House of Representatives."

The financial crisis of 1837, and its results for the succeeding seven years, with its political entanglements, tariff agitation, and changes in the banking system, which so materially embarrassed the business interests of the whole country, was strongly felt at the Worthington Medical College, and contributed no little to its final abandonment. Though deprived by law of the power to confer medical degrees, Dr. Morrow still hoped that the tide would turn in his favor, and it is said that he continued to instruct students at Worthington until 1842.

In the class of 1832 there graduated from the Worthington school two men who were to become conspicuous in Eclecticism—Drs. Lorenzo E. Jones and Alexander H. Baldrige. Seeing the futility of any further attempt to revive the medical department, Dr. Baldrige, who had located in Cincinnati in 1840, and a Mr. Mills, who afterwards lived in New York City, persuaded Dr. Morrow to remove to Cincinnati, and there renew his efforts for medical reform.

This school, so formed—The Reformed Medical School of Cincinnati, and the successor of the Worthington Medical College—was the direct predecessor of the Eclectic Medical Institute of Cincinnati, chartered in 1845, and to-day the leading exponent of the Eclectic practice of medicine.

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42. See Laws of Ohio, 1840.

A few words concerning the men connected with the Worthington Medical Department may be of interest.

Dr. Thomas Vaughan Morrow was born in Fairview, Ky., April 14, 1804, in the same house in which, four years later, Jefferson Davis was born. He was of Scottish and French descent, and his ancestors emigrated to America, settling in Virginia at about the beginning of the French and Indian war. His mother was of English descent. Dr. Morrow was educated at Transylvania University, of Lexington, Ky., and in medicine in New York City. He became a disciple of Dr. Beach and subsequently held the chair of Obstetrics in the Reformed Medical College conducted by the former. When but a young man of twenty-six he was placed at the head of the Worthington enterprise, and from that time on he was the leading medical reformer in the West, and the master organizer of the new faith. He possessed great firmness of purpose and rare executive ability. For years he was the master spirit of the new school, and when it failed he did not, like some of his colleagues, lose hope, but with a faith worthy of the cause,



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transferred his school and its small following into the midst of antagonistic environments, and began anew the dissemination of the peculiar doctrines and tenets of the new practice. Here his efforts were crowned with success, and he had the satisfaction of seeing the fruits of his labors before his death, which occurred of dysentery in 1850. Dr. Morrow was massive in person. He was a versatile man, often without preparation assuming the duties of the absent professors of the school. He enjoyed a large practice among the best class of people. His wife was Isabel Greer, of Worthington. After his death,

Dr. Morrow's observations on diseases and their treatment were published by Dr. I. G. Jones, together with his own, as *Jones and Morrow's Practice of Medicine*, a work of very great merit. Dr. Morrow's great work was the founding of the Eclectic Medical Institute of Cincinnati. He was the first President of the National Eclectic Medical Association, and an incorporator of the Worthington Female Seminary.

Scarcely less distinguished than Dr. Morrow was Dr. Ichabod Gibson Jones, who was born in Unity, Waldo Co. Me., June 18, 1807, and died of consumption at Columbus, O., March 14, 1857. Like his distinguished colleague he was educated in medicine at the Medical Department of the University of New York, and became a professor in Dr. Beach's New York School. Removing to Worthington, he became a strong factor in the medical school, and soon became known far and wide for his skill as a physician. Moving to Columbus, he was appointed physician to the Ohio Penitentiary, a position rarely bestowed upon any but those of the dominant school. In 1833 he married the



PHILANDER CHASE, D. D.

daughter of Col. James Kilbourne. Upon the death of Dr. Morrow, Dr. Jones was called to fill the deanship of the Eclectic Medical Institute of Cincinnati, but owing to his failing health he was obliged to relinquish the position. "He was a typical pioneer, large, active, strong, the type of a noble man, and one that made his mark in every pursuit."

"One of the most scholarly though less aggressive of the group of teachers at Worthington was Dr. Jonathan Roberts Paddock, who now 'sleeps the sleep of the just' in old St. John's churchyard at Worthington. He was born near Cromwell, Conn., Nov. 19, 1803, and died of paralysis, in Maysville, Ky., June 7, 1878. He grad-

uated from Union College at Schenectady, N. Y. under the celebrated Dr. Nott; became a professor in the literary department of Worthington College, and subsequently assisted in organizing and maintaining the medical department, in which he remained a steadfast friend and teacher as long as it existed. He was a splendid botanist and competent chemist, a skillful physician, and a classical scholar of extraordinary attainments. He was truly a noble character, modest and retiring, yet affable and dignified. His second wife was Jane Bristol of Worthington.

Old St. John's churchyard also embosoms the mortal remains of Dr. Benjamin Franklin Johnson. He was born in Bridgeport, W. Va. June 8, 1816, the son of Joseph Johnson, twice governor of Virginia; a

graduate from the Worthington Medical College, and a teacher in its halls during the dark days of her career. He also held the physician-ship to the Ohio penitentiary. In 1840 he married Emily Griswold of Worthington. His grandson, Hon. Newton L. Gilbert, was recently lieutenant governor of Indiana. The diploma, of which a cut is here shown, was that issued to Dr. Johnson by the Worthington Medical Department. Dr. Johnson died at Columbus, O., Aug. 19, 1855.

Dr. John Leonard Riddell<sup>43</sup> was a teacher in the literary department of the college when the medical department was organized. Early in the career of the latter he served for a brief period as professor of chemistry. Dr. Riddell was born in 1807, of Scotch and Irish descent. He was not only a good teacher, but acquired an international reputation as a scholar and scientist. While engaged in a scientific exploration of Texas he wrote a "Symposium of the Flora of the Western States." Many new species were discovered by him, and one genus, *Riddella*, bears his name. In the days when the microscope was in its infancy he became an expert manipulator of that instrument and attained an enduring fame by inventing the binocular microscope. As early as 1836 Dr. Riddell identified himself with the Medical College of Louisiana, the germ of the present medical department of Tulane University, where he held the chair of chemistry until his death in 1865, a period of twenty-nine years.

Of Dr. John J. Steele but little is known. He hailed from Fayette county, Pa., and was active in selecting Worthington as the location for the new school. He was born in Lancaster, Pa., about 1795. He was a man of attainments, and while entrusted with the important mission referred to above, he never possessed the full confidence of Dr. Beach.<sup>44</sup> His intemperate habits and moral obliquity soon brought upon him the displeasure of his associates, and he was superseded as the head of the medical department by Dr. T. V. Morrow, at the time of joining the Reformers in New York. Upon leaving Worthington he attempted to injure the school, and so strong was his influence that it seems to have been feared by Dr. Beach. He was a bitter enemy of Dr. I. G. Jones, but was willing to have his differences settled by Dr. Morrow, who seems to have been a favorite with everybody. Dr. Steele returned to Brownsville, Pa., about 1836, and died near Uniontown, Pa. in 1839. A son of his, Clemens Steele, served with credit in the Civil War as Colonel of the 66th Ohio Volunteers. ■

Of the teachers less prominent, but little record has been preserved. Dr. Truman E. Mason removed to Cincinnati, and finally to New York. He was accounted an interesting lecturer and good anatomist. Dr. Joseph B. Day was for a brief period dean of the medical department, and is said to have been a fine lecturer. He subsequently engaged in the manufacture of chemicals in New York City. Dr. D. L.

43. Cut kindly loaned by Dr. Bouchon, of New Orleans, through the courtesy of the Medical News.

44. Private letter of Dr. Beach to Dr. I. G. Jones, 1831.

Terry went over body and boots to the Thomsonians, or "Steam Doctors," as they were termed, and Dr. Richard L. Catley removed to Delaware, O., where he waged a relentless war against the medical school at Worthington.



Only a partial record of the graduates of Worthington Medical College has been preserved. Those who are known to have held its degrees are the following :

Baldrige, A. H., Ohio.  
 Baldrige, A. P., Ohio.  
 Bean, A., Ohio.  
 Beeman, J., Ohio.  
 Beeman, P., Ohio.  
 Bemis, D., Mississippi.  
 Bond, L. A., Georgia.  
 Brelsford, J., Ohio.  
 Br nson, A., Ohio.  
 Brooks, W. H., Ohio.  
 Bryan J., Kentucky.  
 Buckley, W. C., Kentucky.  
 Burdett, I., Kentucky.  
 Catley, R. P., Ohio.  
 Chapin, D. S., Ohio.  
 Cloak, B., Kentucky.  
 Creighton, J. H., Ohio.

Landerdale, D., Mississippi.  
 Lazell, A. H., Ohio.  
 Lazell, J. E., Massachusetts.  
 Lewis, A. G. L., New York.  
 McAnelly, C., Kentucky.  
 McClelland, N. M. W., Ohio.  
 McLure, D., New York.  
 Mattoon, J. W., Ohio.  
 Montgomery, W. G., Ohio.  
 Morrison, A. A., Ohio.  
 Morrow, T. U., New York.  
 Obannon, A. J., Kentucky.  
 Paddock, J. R., Virginia.  
 Phillips, X., Ohio.  
 Pinney, E. M., Ohio.  
 Pool, J. N., Ohio.  
 Potter, S. H., New York.

Davis, E., Tennessee.	Kilbourne, J., Jr., Ohio.
Davis, S. S., Kentucky.	Riddell, J. L., New York.
Delaney, D., New York.	Rouzee, S., Kentucky.
Dunbar, G., Kentucky.	Sharpe, J. M., Kentucky.
Eckley, D., Ohio.	Sheppard, H. D., New York.
Eckley, H., Ohio.	Showalter, R. E., Pennsylv
Eshelman, J. K., Pennsylvania.	Spencer, A. A., Ohio.
Fisher, T. B., Ohio.	Starrett, W., New York.
Floyd, J. N., Mississippi.	Starr, J. H., Ohio.
Gans, G. C., Pennsylvania.	Steele, John J., Pennsylvania.
Granger, G., Ohio.	Still, H. E., New York.
Greer, G. F., Ohio.	Summers, J., Kentucky.
Hawley, N., Ohio.	Sweet, A. D., Ohio.
Headen, B. F., Kentucky.	Terry, D. L., Ohio.
Hoit, W. S., Ohio	Vandervort, J., Ohio.
Holcombe, S., Ohio	Wakeman, J. A., Ohio.
Hubbell, N., New York.	Walters, J., Pennsylvania.
Hunt, H., New York.	Webster, C. L., Ohio.
Huston, P., Ohio.	West, E., Ohio.
Ingersoll T., Missouri.	Wiley, I., Ohio.
Jackson, P. A., New York,	Willis, S., Kentucky.
Johnson, B. F., Virginia.	Wilson, —, Alabama.
Jones, A. M., Ohio.	Witt, C. W., Ohio.
Jones, E. G., New York.	Woods, J. L., Kentucky.
Jones, L. E., Ohio.	Woods, F. S., Kentucky.
Kellogg, B. Ohio.	Wyatt, S., Iowa.
Kellogg, S. Ohio.	Wynn, J. M., New York.
Kern, J. H., Ohio.	Total. 89.

### TID-BITS FOR THE BUSY PHYSICIAN.

By E. R. Waterhouse, M. D., St. Louis, Mo.

**A** FEW suggestions to the point is often worth pages of dry medical literature to the physician with head and hands full.

**SUPPURATING BREASTS.**—Ammonium muriate is a specific in the treatment of threatened suppuratation of the mammary glands of the recent mother. When the breasts become sore and caked, and we are looked to for immediate relief, how many of us are able to give this relief at once? Here you have it at once: Put an ounce of muriate of ammonia into a quart of hot water and wring out cloths from this and pack over the breasts, the cloths to be re-wet as soon as they become cold, and you will be surprised how soon your patient is eased and the breasts softened. If the patient is feverish, give aconite and phyto-lacca along with the use of sal-ammoniac.

Doctor, don't forget this, but lay it up in some handy corner in your "knot" where you will be sure to find it when occasion requires.

**SOFT CORNS.**—How many can cure a soft corn?—and how many more can't! Wet a wad of cotton with raw linseed oil and lay it between the toes against the thing that causes us poor beings to lose our religion, renewing the application day by day, and the time will surely come when there will be no corn there. Almost anyone can cure a hard corn, but those soft ones—oh, oh! Here is a remedy for hard ones and also for some soft ones: Apply a drop of acetic acid to the corn, when a white, blister-like surface will appear; soak the foot and



lift out the corn. Or apply liquor potassa with a small brush; the alkali converts the hard part surrounding the corn into soap, and with a dull knife the corn is easily lifted out.

**DIGITALIS IN DROPSY.**—How many of us have "that tired feeling" when some kind friends suggest to us the use of digitalis in treatment of dropsy accompanying organic diseases of the heart, because we have used the tincture or fluid extract and have been disappointed in the results. Try the infusion, made from selected English leaves, made five grains to the ounce; add a little brandy, and whatever flavor you care to. The dose will a teaspoonful three or four times a day, or even six times a day in very bad cases, and you can be certain that it will prove itself superior to anybody's fluid preparation of the drug. Watch the action of the kidneys, and as long as the secretion of urine is augmented, you may be sure that no accumulative action will result.

**GELSEMIUM IN TETANUS.**—Our city hospital physicians who are very learned (as they themselves say) tell us that ninety-five per cent of the cases of lock jaw result in death, in spite of the lauded virtues of their antitetanic serum, and a look at their records will convince one that they seldom save a case.

I have never had but three cases of this dread disease in my practice, but all three of them are today living witnesses to what gelsemium will do in these cases if properly handled.

I begin the treatment with a fourth of a teaspoonful of the specific gelsemium every hour, and gradually increase the medicine to a teaspoonful. The nurse is to be put on watch for the physiological action of the drug, which will never manifest itself until the tetanic spasms are subdued. One such case, a boy of fourteen years, took two and a half pounds of gelsemium before there was any drooping of the eyelids and relaxation of the muscles and other physiological symptoms developed. Yes, gentlemen, I make no mistake, two and a half pounds. He could not stand upon his feet for fully two weeks on account of a sort of paralysis of the lower limbs, which the hypodermic use of strychnine relieved. I can not believe that this condition was in any way the result of the gelsemium, but the result of the disease. I do not believe in the theory that gelsemium is a poison and do not believe that a single dose of four ounces would kill an ordinary adult, although very alarming symptoms would be brought about. I believe that gelsemium will cure nearly every case of tetanus, if its use is accompanied by a reasonable "horse sense."

**ACETATE OF POTASH IN SCARLET FEVER.**—In the after development of scarlet fever thousands of children die. We find the cervical glands increasing in size, and the doctor tells us that an abscess is forming. At this juncture get out your hydrometer [urinometer] and test the specific gravity of the urine and you will find it as low as 1003 instead of 1030, at which high point it should be while carrying off the products of the high inflammatory action that "has been." Further

treatment should be perfectly plain to any thinking physician. Give acetate of potash, with specific phytolacca, and weigh the urine every time it is voided, and you will note the increase in solids voided, which will steadily rise until we get it to the desired point, when the potash is to be reduced to hold it where we wish it; and you will also note substantial improvement in the worst cases in proportion to the increase of these solids voided. This will prevent suppuration in these glands provided no pus has been formed at the time the acetate of potash was begun.

**AFTER PAINS.**—Here an ounce of prevention far overreaches the pound of cure. As soon as the labor is completed, grasp the fundus through the abdominal wall, get it well contracted and press well down into the basket of the pelvis and hold it there for at least ten minutes to prevent relaxation; then put on a bandage and tuck under a hard compress to make a continual pressure as with a hand, and you will find that very few if any after-pains follow the delivery. The "proof of the pudding is in chewing the string," or cord either; but try it.

**PERSISTENT VOMITING.**—In persistent vomiting try specific colchicum, ten drops in four ounces of water with a teaspoonful of the mixture every few minutes.

**UROTROPINE.**—This is one of the new remedies that has given a good account of itself. In those disagreeable cases of cystitis accompanying prostatic enlargement in old men, such cases as have given us all untold trouble, and the patient the same degree of suffering, I have seen the most happy results follow its exhibition. One old man that has spent about half of the last five years in bed, and has suffered the tortures of the damned, has been treated by at least a score of physicians of all schools, including the christian scientists, at last got hold of some fellow that apparently had more sense than I did, who gave him urotropine, and the old fellow has been going about his business suffering very little from this bladder trouble for the last six months. I have used it in several cases since hearing of what he had taken, and I can sing its praise. Almost any druggist can provide you with the medicine.

**TAPEWORM.**—Here is the best remedy for tapeworm—it gets it head and all: Oleo-resin, felix mas, kamala pulvis, aa., 2 drachms. Make an emulsion of two ounces. Sig.: Eat no breakfast; take half the medicine at 6 A. M.; balance at 7 A. M. Dose of oil at 8 A. M. Catch the worm at 9 A. M. A little chloroform added to the emulsion to prevent nausea. This is a sure shot.

**BURNS.**—A good thing will bear repeating, is my excuse for again calling the attention of readers to this remedy for burns: Put ten grains of menthol into an ounce of witch-hazel (distillate) and apply freely. The pain is relieved in a minute by the watch. The menthol temporarily paralyzes the denuded nerve filaments, and all pain is gone. By this paralysis we prevent a very large portion of the inflam-

matory action that is to follow. A good plan is to bandage the parts and wet the wrappings with this mixture. It will astonish you if you have never tried it.

**SPECIFIC MEDICINES.**—In dispensing our specific medicines the most of us use a given amount of the remedy in four ounces of water, which especially in summer time will undergo a change in a few hours, generating a fungus, or cause a nasty precipitate, which renders it very unpalatable and possibly impairs its medicinal effectiveness. Here I wish to call attention to chloroform water, as given in the *Medical Gleaner* some years ago, as it is a good thing. Put a teaspoonful of chloroform into a half-gallon bottle two-thirds full of water, shaking it vigorously for ten or fifteen minutes until the water has taken up all the free chloroform. This gives our medicine a sweetish taste and prevents it from souring or changing for months, if it is kept corked, I usually keep two bottles of chloroform water, one plain and the other I color with some burnt caramel. This costs next to nothing and is better than any solution with alcohol, glycerine, or simple syrup. Dr. Bloyer should have great credit and the thanks of the physicians for giving us this simple method of putting up our specific medicines.

**CALENDULA.**—Here is a valuable remedy, yet but little used and to many unknown. It is the flower of the common English marigold so often seen in the dooryards of the farmers. The flowers are to be gathered and dried in the open air and a tincture made. It will give up its medicinal properties to dilute alcohol as well as to water with glycerine. Its great field of usefulness is in treating wounds. Unlike any other drug known, it acts upon the vaso-motor nerves, restoring their integrity. Think a moment: In every wound we have a paralysis of the vaso motor and a consequent outpouring of leucocytes, which produce pus, and if this is prevented we heal the wound by first intention, and without suppuration. The tincture may be made by maceration, using eight ounces of the dried flowers to the pint of menstruum. There are several good preparations of this medicine upon the market for those who do not wish to make their own. In dressing wounds with this, the non-alcoholic preparation is best. Saturate a piece of cotton or soft gauze and apply, keeping it wet with the tincture.

It becomes a fine remedy for all catarrhal diseases of the eye, as well as all inflammatory troubles of the mucous membranes. A vaginal tampon with calendula is valuable in uterine congestions, leucorrhea and kindred troubles. It is also one of the ingredients that enter into the make-up of one of our most popular uterine wafers. Its action upon wounds of the lower animals is no less pronounced. Some years ago a son of the proprietor of the J. S. Merrell wholesale drug store in this city was living upon his farm near here, and one night a ferocious "gentleman hog" got into his stable and tusked five of his work mules in a terrible manner, all believing that the mules were ruined. I advised him to tie up the wounds and keep them soaked with

calendula; every wound healed without suppuration, and in a short time they were at work again.

This is a fine remedy for aphthous sore mouth, as well as canker mouth of the nursing mother. Doctor, think of the many uses that you can find for a remedy that will restore vaso-motor paralysis.

#### ATRESIA VAGINA PARTIAL, WITH REMARKABLE COMPLICATIONS.

By J. E. G. Waddington, M. D., Detroit, Mich.

GOULD defines atresia as:—Imperforation of an opening or canal. Zweifel in "An American Text Book of Gynecology" quotes Briesky as expressing the opinion that "atresia vagina is simply the secondary obliteration of a previously formed canal through defective hornification of the superficial epithelium," and the same author further states that "Hymenal atresia is excessively rare as an acquired condition." The Reference Hand Book of the Medical Sciences writes that "the closure is due to the failure of the epithelial layers to separate, or to secondary adhesions," and also further informs us that "the closure may extend throughout the entire length of the vagina or occur at any portion." "The above are the principal authoritative definitions of atresia vagina and are enumerated to show that the case which I have to report fails to fall under any one of the above mentioned heads, but stands apparently in a class of its own, as I have so far failed to find any record of a precisely similar case.

Six months ago I was called to see Miss McA. 24 years old, Scotch, well built and nourished. Her history as then and subsequently given was as follows: Had menstruated regularly and painlessly since the age of sixteen. For the past two years had had illicit intercourse with her lover from which she derived, to use her own term, "quite a pleasurable sensation." One month ago failing to menstruate on time, she commenced drugging herself in an endeavor to restore the flow, but without results until four days prior to my visit, when she noticed a pale, watery fluid occasionally streaked with blood, oozing from the vagina. This had slightly increased and at the present time was sufficient to soil one napkin in the twenty-four hours, and had quite an offensive odor but not suggestive of any septic origin. A digital and ocular examination; to my great astonishment revealed external genitals of normal development, but where the introitus should be was a wall of tough mucous membrane, stretching from vestibule to posterior commissure, and from side to side of the vulva and entirely continuous with the vulva membrane. There was absolutely no appearance or indications of adhesions, epithelial or otherwise, but the wall of membrane appeared exactly as described above.

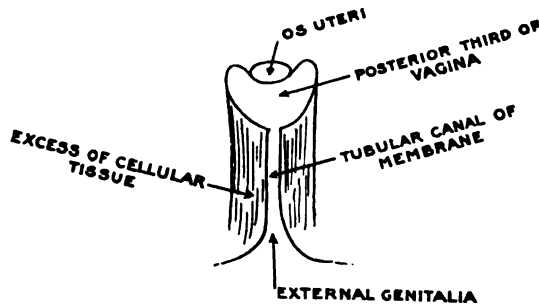
A persistent and careful search revealed a minute opening half an inch below the meatus urinarius; this barely admitted a pocket case

probe. By careful manipulation I managed to insert the probe to a depth of about half an inch, and this, despite further effort, was the most I could accomplish without subjecting my patient to more pain than she could very well endure. I gave her a hypodermic of morphine and counseled immediate operation, as if abortion were impending, the sooner we had a good passage way the better, and if no abortion ensued, the operation would of itself not be apt to cause one and would be indicated for the future confinement. I had by palpation outlined a slightly enlarged uterus. That afternoon, with the assistance of Dr. H. A. Shafer, I proceeded to operate. Being utterly unable to introduce any instrument into the vaginal opening, save a pocket probe, I pulled on the edge of the orifice with a pair of tissue forceps; the membrane being very lax and voluminous I was able to pull a fold out to the distance of over an inch, and likewise to indent it to that depth, this laxness being in all probability due to the amatory assaults of the past two years; putting the membrane on the stretch, with curved scissors I cut well around as far back as the vulva wall outline. This gave me a funnel shaped depression, in the center of which was an opening large enough to admit the top of my little finger. A Simpson uterine sound passed through the opening a distance of two inches and then dropped into an apparently capacious vagina. With a Goodell uterine dilator, I vigorously dilated the entire length of this tubular canal, finding no adhesions in any part of its length, and finally gaining enough space to introduce my finger through. At the extreme end of the canal I could barely pass my little finger, and vigorous pulling failed to further stretch this rigid ring; beyond one could feel the os uteri somewhat hypertrophied and eroded, and a vaginal cul-de-sac of normal depth and capacity.

The appearance of the parts is graphically shown in the following rough sketch and if you will turn a five cent ink bottle towards you, the upper narrow end will very adequately represent the tube of membrane, and the enlarged part below represent the tough resistant ring of membrane constituting the extreme inner end of said tube, the base of the bottle representing the capacious posterior third of the vagina.

The lumen of the tube was now filled with relaxed folds of mucous membrane; with a sound in the bladder for a guide, and one finger in the rectum, I excised liberally the folds of membrane, experiencing my greatest difficulty at the inner ring. I now had an introitus of almost normal dimension, the walls being composed of connective tissue with here and there strips of mucous membrane. On reaching the posterior part of the vagina I found it filled with a slimy mucus but no appearance of an impending abortion. I packed the new introitus tightly, putting it on as great a stretch as the parts would allow with iodoform gauze which I did not intend to disturb for a week, when I then expected to renew the dressing under chloroform, leave for another week and then have the patient wear a glass plug

until such time as the parts had regained their normality but "L'homme propose, Dieu dispose." Everything went along allright for five days, no pain, little discharge, and that only what one would expect from such a wound surface. On the fifth day the patient refused to stay in bed, got up and dressed and in the afternoon mounted a table to rehang a picture, and then, whether from lack of thought or hoping to achieve what her previous course in drugs had not done, she jumped heavily from the table to the floor. She instantly felt as if something within her had snapped and feeling extremely faint went to bed. She soon started cramping, and in about five hours blood began to flow through the dressing in the vagina. I was then sent for. Recognizing the difficulties of the case, which were obvious,



but believing that temporizing measures would only increase the difficulties in the end, I prepared her for operation. Upon removing the gauze I found the introitus in excellent condition, the posterior part of the vagina was filled with clots of blood and through the os uteri presented some deciduous membrane. With forceps and dull curette I evacuated the uterus thoroughly of a six-weeks' conception. I then douched the uterus with a weak solution of iodine, and, recognizing the futility of being able to keep the introitus packed sufficiently tight to attain normal patulousness in the existing state of affairs, I was reluctantly obliged to content myself with the endeavor to get my patient over her abortion without any other untowered effects. Each day I renewed the gauze drainage, inserting as much as I could without causing too much pain. In a week all discharge had stopped, but the introitus, as could only be expected, had contracted considerably, especially at the inner end, which would now barely admit the little finger tip; the remainder of the canal was sufficiently patulous to admit the middle finger, but no amount of reasonable force would distend it beyond that caliber.

I examined her two months afterward and found things practically the same as at my former examination. From start to finish she evidenced no signs of septicemia, and though the operation for atresia was not a brilliant success, owing solely, I am convinced, to the unforeseen accident which occurred on the fifth day, I simply record

this case as unique of its kind and believe that temporizing measures, in view of the *expected*, which afterward—though owing to accident—developed into an *actual* abortion, would have been poor judgment, very apt to be followed for all we could then tell, with the most serious results.

#### A CASE OF VENTRO-FIXATION.

By O. C. Welbourn, M. D., Los Angeles, Cal.

**R**ETRO-DISPLACEMENTS of the uterus are frequently met with, and, if not corrected, bring on serious pathological conditions and concomitant disturbances. The causes thereof are many and varied, though the most prolific is subinvolution following an abortion or a delivery at full term.

The local symptoms are usually distressing; the sympathetic symptoms often profound. Neither class need here be enumerated.

A tampon treatment will relieve a small percentage of incipient cases; carefully selected course of electrical treatments will relieve another and somewhat larger class; but fully 90 per cent of all are distinctly surgical.

Many operations have been devised to overcome this difficulty, all of which, with one exception, are applicable to only a limited number of carefully selected cases. My experience has been that ventro-fixation, when properly done, absolutely cures each and every case. This operation is easily performed, and the mortality is low, less than 1 per cent. It has not been unanimously accepted because of the theoretical difficulties that the patient would afterwards experience in carrying a child to full term. To my mind this contention is untenable, and the following case is reported in support of the statement.

Mrs. W.—, age 42, mother of three children, reported a gradual loss of health and strength for several years; indifferent appetite and irregular action of the bowels; palpitation of heart and fainting spells. Analysis of the urine showed 72 grains of sugar for each 24 hours, but no albumin. Physical examination showed a sound heart and lungs, an atonic gastro-duodenal indigestion, an enlarged liver and tympanitic bowels. The bladder was irritable. A complete retro flexion of the uterus with medium prolapsus was present. Her history indicated that this condition was caused by a post-partum sub-involution twelve years previous.

She had recently taken a systematic course of electrical treatments from a physician of unusual skill in this line of work, with no permanent relief.

I advised an operation, and on January 25, 1902, at the Los Angeles Hospital, a ventro-fixation was performed after the manner of Kelly, very heavy silk braid being used to anchor the uterus firmly to sub-peritoneal fascia. The incision through the linea alba was closed by interrupted sutures of heavy silk braid, instead of silver wire. No

serious complications ensued and in due course of time the patient returned to her home.

Her appetite gradually improved, the bowels became regular, the sugar disappeared from the urine and she gained flesh and strength very rapidly. She did not menstruate, but this condition was ascribed to the menopause. The patient went east on a visit and I did not see her for three months. On her return an examination showed a pregnancy of about five months. She had not had the usual discomforts of pregnancy, and no unusual symptoms developed later. Three hundred and fifty days after the operation, at the German Deaconess Hospital, she was normally delivered of a nine and a half pound boy. Subinvolution proceeded rapidly. The retro-flexion did not recur. There was perfect recovery. At this writing, nearly two years after the operation, both mother and child are enjoying perfect health.

It is worthy of note that this ventro-fixation was performed on an unfavorable case with satisfactory convalescence; that impregnation occurred very soon afterwards; that no distressing symptoms developed during gestation or delivery; that the retro-flexion did not recur and that the patient is now in possession of good health.

#### TREATMENT OF HERNIA.

By W. B. CHURCH, M. D., Holland, Mich.

IN the November JOURNAL Dr. Clendenen declares the treatment of hernia by the hypodermic injection to be "far superior to the old knife operation." No one, I suppose, would care to champion the *old* knife operation. The percentage of cures was not greater, perhaps, than attends the injection method—which is about 50 percent. The *new* knife operation, however, is immensely superior to the injection method, as well as to all mechanical methods. Professor Farnum has given, in a recent number of the JOURNAL, a very good description of this new operation. Incidentally I remark that the professor throws discredit on the injection method. To my mind, the strictures are well taken. I have a medical friend who was employed for several years by an advertising firm in San Francisco, treating hernia by the injection method. He informed me that the regular fee was \$100, and he estimated the cures at 50 percent. I doubt if this indicates any saving in expense; and certainly it is way off in results compared with the new knife operation, which, in skilful hands, scores not less than 95 percent. of cures.

Dr. Clendenen is frank enough to except old persons in his claims for the injection method. No such exception applies to the operative treatment. This of itself is very important, for old people suffer most from this condition, and strangulation and fatal issue are more frequent with them. I have operated successfully after three-score-and-ten. Dr. Clendenen, to be entirely fair, will have to extend the list of exceptions to include all cases of irreducible, and of strangulated,



hernia. Indeed, only in uncomplicated cases, amenable to treatment with a truss, is injection available. Even in these cases, the treatment is liable to do serious injury, and, escaping this, is not justified by results obtained. I have already said enough to run the risk of being classed by the doctor in the list of those who "want all there is in the practice of the profession, financially speaking, for themselves individually," and who never "discover anything new." This will not greatly disturb one, as the financial returns are not large enough to quarrel over, and I never expect to discover anything new in the profession—few do. I shall be satisfied if I have penetration enough to discriminate between things new and old, and do my full duty to those who come under my professional care. I expect, in this sense, to continue to "hang on to the working or originating portion of the profession."

Although Professor Farnum has so fully covered the ground, I desire to consider further the subject of infantile and congenital hernia with reference to operative treatment. In congenital hernia the peritoneal pouch or tube which served to transport the testicle from the abdominal cavity to the scrotum has failed to close in time to prevent its being occupied by a knuckle of intestine, or portion of omentum, and abdominal fluid, constituting a hernia which differs from acquired hernia in that the spermatic cord and testicle lie inside instead of outside the hernial sac. These two varieties, therefore, require somewhat different technique. In the acquired form, the sac may be wholly removed without disturbing the cord and testicle, except these adhere to it; but in the congenital form the sac is cut across, leaving enough of the lower end to be stitched about the testicle for a covering or tunica. The upper portion is slit up to the internal ring, releasing the cord, and excised, the opening in peritoneum being closed with continuous catgut suture.

A recent case in practice will illustrate: Mr. W., of this city consulted me regarding a rupture from which he was suffering. Said he had broken his truss, that he had only had a year. That he was satisfied it would be better, and a saving of money in the end, to have an operation; but he could not do it now, as it is the busy season for him; he being a plumber, his business—setting up heavy coal stoves and other work—requiring heavy lifting. Incidentally he mentioned that rupture seemed hereditary in his family; that his father was ruptured, and his son, a lad of seven, had a bad rupture that seemed to be getting worse. That the family physician had applied different trusses on the boy, but they all caused him so much pain he could not wear them. That he got along better since he left off trying to wear a truss, but the rupture was getting bigger all the time. I requested him to bring the boy to the office, as I thought the rupture was congenital. He said he thought it was not congenital, but brought him in the next morning, saying the mother thought I might be right about it. Examination disclosed right side of scrotum distended with

fluid to the size of a hen's egg. The fluid could be returned to the abdominal cavity, past the testicle, which lay fixed in the inguinal canal. It was plain that his complaint of the pain produced by the truss was well founded. An operation was advised and accepted. A few days later (October 27th last) this was done as above described, and the boy fully recovered and was on his feet inside of two weeks. The scrotum now contains only its normal contents, and all parties are content and well pleased. The grandfather advises the son to have his operation as soon as possible, for, he says, "it will get a good deal worse when you get old."

When in San Francisco, the wife of a sea-faring man came to my office with a stout male infant two months old, which had been screaming with pain until, from hoarseness, it could no longer make a cry. It was exhausted and evidently suffering acutely. Examination revealed a bulging tumor in the lower portion of the inguinal canal and in the scrotum. Taxis was tried, but failed to reduce the swelling. The mother was told that this was the cause of the pain, but she did not seem inclined to accept this, saying the bunch had always been there and had never given him any trouble.

She yielded, however, to my positive assurance that an immediate operation was necessary to save the child. This was immediately done, disclosing that an irreducible congenital hernia had become strangulated. Three inches of the imprisoned gut was very dark in color and would have become gangrenous. The operation was quite difficult on account of adhesions, and the fragile condition of the thin, delicate membranes constituting the sac. The shock and collapse following the operation, together with the protracted suffering, were extreme, and the issue for some hours seemed doubtful. After the first twenty-four hours, convalescence was uninterrupted, and he made a good recovery with radical cure of hernia.

I think it good practice to operate in all cases of infantile hernia. It is much more satisfactory, and causes much less suffering than the truss. In uncomplicated cases the operation is easy, and when done before the child walks, conditions are very favorable for prompt healing.

I take issue with Dr. Clendenen, therefore, on his claim of superiority for the injection method. It is limited to uncomplicated cases. It fails in at least one-half of these cases. The uncertainty of it is conceded by the doctor himself when he admits that a second or even a third injection may be necessary at varying intervals with, presumably, three months subsequent dependence on a truss, after each injection. His conclusion that old people must be excepted is merely to admit that it is useless in bad cases. No method can be depended upon that does not include removal of the sac. The unsatisfactoriness of mechanical treatment is sufficiently attested by the endless succession of trusses which, in each instance, claim to cure some cases. I am therefore fully prepared to take the "one step in ad-

vance" of Professor Farnum, and advocate operation as the best method for all cases. It is neither difficult nor dangerous in all ordinary cases. It is more difficult, on account of increased adhesions of the sac to the spermatic cord and other tissues, in cases which have been previously subjected to injection treatment. Large irreducible hernias are not desirable cases, but are too dangerous to be left without operation. Strangulated hernia involves danger in proportion to degree of previous effort to reduce by taxis; especial risk when operation is delayed until imprisoned intestine becomes gangrenous. In the ordinary cases surgical treatment is the best treatment. In the worst cases it is not only the best but the only treatment.

### COMPARATIVE IMPORTANCE OF COMPLETE DIAGNOSES.

By George H. Knapp, M. D., Cincinnati.

THE somewhat idiomatic phrase "specific medication" is a term used by members of the Eclectic school to designate a system of therapeutics which seeks to apply remedies to specific morbid conditions, as manifested clinically by certain definite symptoms. The variations in the clinical manifestations of a given infection, and the fact that infections of a like nature scarcely ever manifest themselves in exactly the same manner in different individuals, are wholly disregarded by the treatment as suggested by the old system of nosology. It is largely to this indifference to the finer variations in symptoms that specific medication owes its inception as a tenet in therapy. Although no explanation of this remarkable diversity in the effects of an invading infection, can be hoped for until pathologists have solved the abstruse problems involved in the special conditions of individual predisposition, nevertheless from the standpoint of the therapist the recognition of these variations in symptomatology is of vast practical importance.

The opponents of this system of medication accuse its followers of being superficial—of being wholly unconcerned with a true diagnosis, i. e., the basic pathological condition. The practical specific medicationist knows that a mere cursory examination of his method is likely to lead to this belief, yet he knows also the falsity and injustice of this accusation. The specific medicationist obtains satisfactory results only by carefully guarding against superficial diagnosis and careless, haphazard prescribing.

The founders of the doctrine of specific medication observed that when a certain complexus of symptoms presented during the course of a disease, the administration of a certain remedy was invariably followed by beneficent results; thus the indications for this remedy were established. Nothing could be more reasonable than to presume that if a remedy had repeatedly relieved a train of morbid phenomena it would continue to do so when given under similar conditions.

If this deduction is tenable, it is patent that the failure of a well established remedy to relieve in a given case must revert to an error in judgment, and can not justly be attributed to the remedy. A point of vast importance in many instances is this: are the symptoms dependent upon a similar cause as when the remedy was given upon previous occasions? It sometimes happens that a superficial investigation of a given case leads to the belief that a certain remedy is indicated, yet after a careful review of all the factors in the case, the ultimate analysis may show that the remedy is obviously not indicated, and its use could be productive only of negative results. In other words, while the conditions may apparently conform with the indications for a remedy, they may in reality be widely dissimilar.

Negligence in the search for the basic lesion, the origin of the morbid phenomena, is responsible for many of the disappointments of the specific medicationist, and not infrequently leads to the condemnation of good remedies. A few illustrative cases will perhaps best serve to elucidate this phase of specific medication and show that the accepted indications for remedies have more or less clearly defined limitations of applicability.

An anxious mother notices that her child, who had been apparently well, suddenly becomes irritable, restless, and feverish. We find that the child has some elevation of temperature, the face is flushed, there is sleeplessness and a slight tendency to active delirium. Here then we have the classical indications for *gelsemium*, a remedy which is given as frequently and with as much assurance of success as any other "specific medicine." But further inquiry reveals the fact that the child has been obstinately constipated; upon examining the abdomen a fecal accumulation is found in the colon. We would not expect *gelsemium* to more than palliate in this case while a saline purgative would cure by removing the cause.

*Nux*, *colocynth*, and *dioscorea*, are remedies for the relief of gastralgia, yet their effects are somewhat fugacious, and they do not always radically cure persistent, recurring attacks of gastrodynia. In these cases treatment directed to an underlying neurasthenic condition, or more rarely an incipient *tabes dorsalis*, is of more permanent benefit. In a case of disseminated sclerosis under the writer's care, which presented these annoying attacks of gastralgia, full doses of *gelsemium* seemed to be of some benefit.

We could not reasonably expect to effect a brilliant cure by administering cactus to the chlorotic girl for her irregular, palpitating heart, or apocynum for her edematous ankles. A suitable preparation of iron relieves these unpleasant symptoms, and cures by relieving the hæmoglobin poverty and increasing the number of corpuscular elements. How the iron acts is still unsettled, but it is not absorbed as was formerly supposed, since an equal amount to that ingested can always be detected in the feces. It is now supposed that it unites with the sulphur compounds in the gastro-intestinal tract, and thus

permits the absorption of the highly complex organic combination of iron which exists in food-stuffs, and which would otherwise be excreted as an insoluble sulphide. The results of its administration can readily be demonstrated by examination with the hæmoglobinometer and hæmocyto-meter.

Though eryngium, apis and chimaphilla are excellent remedies for the relief of cystic irritation, not much benefit can be expected to accrue from their use in the presence of a cystocele or an anteverted uterus. In the same manner a subinvolved, retroverted uterus is often responsible for a chronic constipation, and no medicinal or other treatment is of avail until the malposition has been corrected. Abdominal fixation or suspension together with curettage of the endometrium and the induction of involution by packing the uterus with gauze is the specific treatment for this form of constipation.

In selected cases ergot, cinnamon, and capsella, are efficient remedies for the relief of hemorrhages from the uterus, but they have little effect upon the metrorrhagia accompanying the noncompensatory stage of valvular disease. Though digitalis is not usually classed as hemostatic it arrests this form of hemorrhage by its equalizing effect upon the embarrassed circulation.

A case of myxedematous infantilism recently treated by the writer presented indications for a number of specific medicines. But belladonna was not given for the subnormal temperature, cold extremities, hebétude, and tendency to somnolence, and although arsenic was apparently indicated by the dermal condition it was not given; neither was caulophyllum or senecio administered for the attendant amenorrhea. In this case thyroid extract pushed to the limit of tolerance, gradually produced an amelioration of the unpleasant symptoms, and a very gratifying improvement in the general condition.

The treatment of various functional disturbances and innumerable aches and pains is often most unsatisfactory until it is discovered that they originate from some underlying dyscrasia, usually syphilis or malaria. Paroxysmal neuralgic pains sometimes resist all treatment until perchance a history of syphilis is elicited, and a course of iodide of potassium prescribed. A headache recurring persistently (not necessarily with periodicity), or a tendency to hepatic congestion—"biliousness"—is often radically cured by quinine, thus showing its malarial origin.

Some of the cases of symptomatic anemia occurring in malarial regions are directly traceable to the characteristic action which the malarial parasite manifests in the destruction of erythrocytes. The patients may never have had a paroxysmal fever in any form. The symptom complex accompanying this anemic condition has been designated by the somewhat indefinite term, "malarial cachexia." Treatment directed to individual symptoms is ineffectual in these cases until quinine has destroyed the myriads of plasmodia upon which the increased hemolysis depends. Other remedies are then of

assistance in coaxing back the various organs to normal functional activity.

And so examples of this kind could be multiplied indefinitely. Enough have been given, however, to emphasize the importance of being attentive not only to individual symptoms, but also to the symptom group considered ensemble, and as related to an underlying cause. Through the agency of careful, painstaking, systematic examinations we are enabled to exercise a certain finesse in the selection of remedies, and thus secure results which are likely to be more satisfactory than when prescriptions are based upon less exacting methods.

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#### OBJECTIVE MENTAL SYMPTOMS IN ACUTE DISEASE.

By J. C. Kilgour, M. D., Harrison, Ohio.

ALL symptoms met with in disease are produced by some basic lesion, and to the practiced observation of the student are a guide to the pathological condition underlying them. If no symptoms were produced by any abnormal condition we could not say that a man was sick, and, conversely, when they *are* produced we say that he *is* sick. It goes without saying then that these are signals to the practiced eye, and point out the cause and location of the trouble or the area of disordered function. It matters not whether these symptoms be mental or physical, their meaning carries the same force. All mental disturbance is not dependent on brain lesions, but must affect the brain indirectly or secondarily to produce mental disturbance. A very small point of irritation may irritate the nervous system until grave results are brought about. An indigestible dinner may throw the whole body of a child—or even an adult—into violent spasmodic action, and so dull the senses that unconsciousness is produced, and yet the whole primary area of deranged function is in the stomach. A nail in the foot may make the muscles rigid and lock the jaws tightly.

We may turn to typhoid fever where the lesion is confined to Peyer's patches or glands, and we sometimes see a train of mental symptoms follow that makes the patient think his body is in pieces, and he tooses about trying to get the pieces together. Incidentally, this is a plain indication for baptisia as the remedy; thus a mental symptom points out both the lesion and the cure; although this symptom is not always seen, nor is baptisia always indicated—but it is when this combination appears.

We see other mental disturbances where the cause is not so well known; but the remedy is known. As, for instance, we sometimes see a patient laboring under the belief that he is not at home, and he makes desperate efforts to escape and return home, and he talks irrationally. The remedy for this is bromide of potassium. But further study is necessary to determine the exact nature of the lesion that will

reflect this mental condition, and then it becomes one of the guide posts in therapeutics.

Another case is where fear of impending calamity is present, and though we may not be sure of the cause of this fear, yet we have learned by observation that *pulsatilla* meets the indications, but just how it reaches the cause underlying it and relieves we are not yet sure. Here is another field for research. These things are controlled by the law that like causes produce like results, and we wish to know the pathological condition that produces this mental symptom and for which *pulsatilla* is the remedy. Insane asylums would make many more cures if these connections were all understood. We dimly understand the case of delirium tremens, but do not really know why or how it reflects the train of mental symptoms peculiar to that affection and shows the patient the images of things in the natural world that he fears and dreads contact with. When we understand that, it will give us the key and the remedy for other disturbances, and point out the lesions.

All abnormal changes are not relieved by the same remedy; why not? We need to know the reason why it requires one drug for this and another for that; and when we do, we will have a medical science and not an empirical practice. Also, we should know why one lesion produces one train of symptoms and another a different one; and why they at times vary with apparently the same lesion. Can we untangle the threads and make these mysteries comprehensive? If so, would not the practice of medicine then become a fascinating study and a pleasurable pastime?

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### EXAMINATION QUESTIONS.

**State Board West Virginia, Examination Nov. 10, 1902.**

FURNISHED C. W. SEELY, M. D., WILEYVILLE, W. VA.

#### ANATOMY.

1. Describe the larynx; name cartilages.
2. Name muscles attached to scapula. Name muscles of perineum.
3. Describe the hip joint, and name ligaments.
4. Name the veins of the portal system.
5. Give the nerve and blood supply of the heart.
6. Describe the thoracic duct. Locate the ductus communis choledochus.
7. Name the viscera covered by peritoneum. Name the viscera partially covered by peritoneum. What viscera has no peritoneal investment?
8. Give origin and branches of the internal carotid artery.
9. Describe the uterus and its appendages. Name the ligaments.
10. Give the blood supply of the rectum.

#### PHYSIOLOGY.

1. Describe the functions of the blood; state its reaction, composition, specific gravity.
2. What pathological changes in the blood are found in leucocythemia and anemia?
3. Which is the stronger, the right or left side of the heart? State why. What is the function of valves?

4. What is the object of respiration, and what sounds are heard on listening to the chest?
5. What is peristalsis, and in what portion of the intestinal tract is it most marked?
6. What is the function of the bile, and what is the average amount secreted daily?
7. What is the vernis caseosa?
8. Give examples of secreting and excreting glands.
9. Describe particularly in what way the blood circulates through the heart.
10. Where is the speech center located?

## CHEMISTRY.

1. What are the three laws of chemical combination?
2. What is an atom? State atomic theory.
3. What is the molecular weight of a compound? What are the three classes of molecules?
4. What does organic chemistry include? What does inorganic chemistry include?
5. What is the law of Archimedes?
6. What are alcohols?
7. Give antagonists of ammonia, digitalis, coca, bromides, aconite, tobacco, carbolic acid.
8. How would you treat a case of poisoning with fly-paper, rough on rats, snake-bites, wood alcohol, illuminating gas?
9. Milk—its composition, what impurities most common, and how would you detect them?
10. Urine—amount voided in twenty-four hours, specific gravity, reaction to test for albumin and sugar?

## MATERIA MEDICA AND THERAPEUTICS.

1. What is the source of composition of gelsemium. (a) Physiological action?
2. Name two cholagogue purgatives. (a) Dose and action of each.
3. Give therapeutics and physiological action of cannabis indica.
4. Name three cerebral excitants and give action of each.
5. What are alteratives? Name three typical alteratives.
6. Give your medical treatment for suppression of urine.
7. Give source of three preparations, with dose of each and therapeutics of camphor.
8. Give antidote for carbolic acid poisoning.

## PRACTICE OF MEDICINE.

1. Define contagious, infectious, zymotic, epidemic, and sporadic diseases. Give example of each.
2. Give diagnosis, seat of lesion, and prognosis, in tabes dorsalis.
3. Define and give treatment for ascaris lumbricoides, tænia solium, and oxyuris vermicularis.
4. Give differential diagnosis and treatment of croupous pneumonia in a child six years old.
5. Locate point of apex, impulse, and area of cardiac dullness in health, also in hypertrophy and dilatation.

## SURGERY.

1. What is asepsis?
2. Describe saline infusion.
3. What are the causes of adenitis?
4. Name six fractures in order of frequency.
5. Treat a fracture of the olecranon.
6. Treat a compound fracture of the ankle.
7. Treat a gun-shot wound of the abdomen.
8. Describe and treat a case of ophthalmia neonatorum.
9. What would you do in a case of retention of urine from an enlarged prostate?
10. How would you treat a wound of the cornea with prolapsus of the iris?



## OBSTETRICS AND GYNECOLOGY.

1. Describe the preparation of the woman and bed in a case of labor.
2. Differentiate true from false labor pains, and give symptoms that show labor has commenced.
3. What do you understand by retained placenta, and how would you treat it?
4. What is the cause of ophthalmia neonatorum? Give preventative and curative treatment.
6. Give symptoms of retroversion of the uterus and its treatment.
7. Describe the preparation of a patient for a laparotomy.
8. Pyosalpinx—give definition, symptoms, and operative treatment.

## BACTERIOLOGY.

1. Describe a coccus and name the divisions according to arrangements.
2. What is a spore?
3. Name conditions necessary for bacterial growth. Mention inhibiting or destructive agencies.
4. What are the effects of bacteria upon the tissue?
5. Define a toxin. Define an antitoxin.

## HYGIENE.

1. Define hygiene.
2. Tell how you would manage a case of typhoid fever to prevent spread of infection.
3. What lower animals are carriers of diphtheritic poison? How manage cases of diphtheria to prevent spread of contagion?
4. How stamp out typhoid fever?
5. How prevent spread of scarlet fever? Of measles?
6. How prevent infection from tuberculosis, especially if there were cavities in the lungs?
7. How manage infants during hot weather to prevent the fearful ravages of the summer diseases to which they are liable?
8. Can the State diminish or eradicate tuberculosis? How?
9. What simple means will prevent ophthalmia neonatorum?
10. Give best method of disinfecting bedding, clothing, etc., after diphtheria, scarlet fever, small-pox? How soon should children return to school after each?

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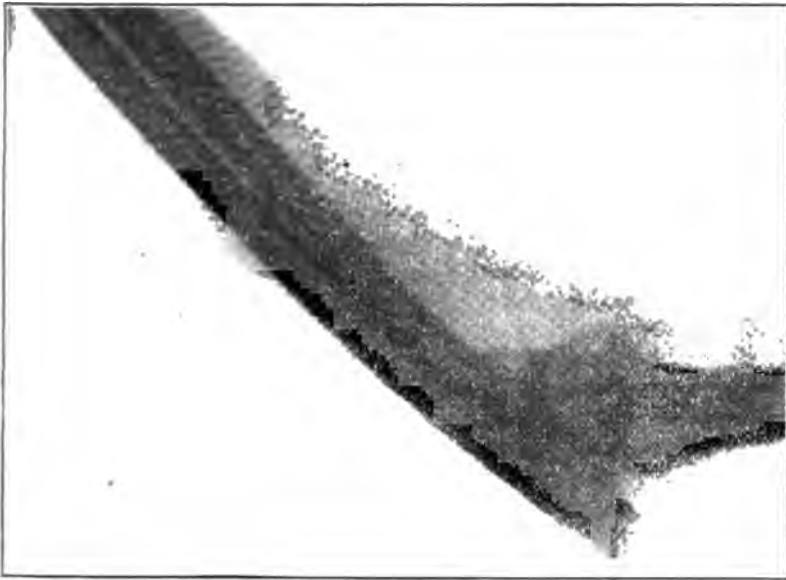
## SETON HOSPITAL REPORTS.

PROF. L. E. RUSSELL, SURGEON.

CASE 62.—Mr. H., age 50 years, carpenter by occupation, alighting from a street car in the evening accidentally fell through a trestle to the ground below, a distance of forty feet, sustaining many injuries to the body, including a backward dislocation of forearm. There was rupture of the anterior ligaments, and the coronoid process was driven backward, resting in the olecranon fossa. The lesion of the arm was not detected by the surgeon who was called in to the case at the time, nor for several weeks afterwards; and the case finally passed out of the care of the surgeon first called, and one of our men was employed, who immediately discovered a backward dislocation of the elbow. But inasmuch as some eight months had elapsed between the time of the injury and the placing of the case into the hands of an Eclectic surgeon, nature had done much towards a permanent obstruction to any attempted reduction; and inasmuch as the case was therefore sent to

the hospital clinic, before attempting any surgical proceeding we took an X-ray, which is herewith produced, showing the gravity of the injury to the elbow joint.

By careful observation it will be noted that the coronoid process rests in the olecranon fossa, and that an osseous plastic exudate has formed in the proximal end of the radius, making complete bony ankylosis of the elbow joint.



There is a diagnostic feature in dislocations of the elbow so plain that it seems almost inexcusable for a surgeon to allow this dislocation to go unnoticed. The arm is generally semiflexed, and there is an inability on the part of the patient or of the surgeon to forcibly flex the arm to its normal position. The condyles of the humerus resting on the dislocated ulna and radius act as a fulcrum, and when you take into consideration the pronounced appearance of the olecranon fossa and the heavy tendon, it seems that the lesion should be readily understood.

In this case, on account of the extreme ankylosis, the patient was anesthetized, and an incision at the posterior part of the elbow joint, extending in a half elliptical shape, brought the flap downward to and into the elbow joint proper. We were then compelled to chisel loose the osseous material that had joined the injured and dislocated bones. The olecranon fossa was now cleared of its bony debris, and by careful

manipulation the reduction was easily accomplished, and the arm flexed and dressed in plaster-Paris dressing, allowing a fenestra for the caring of the incised wound.

Within ten days time the patient left the hospital for his home in West Virginia, bearing instructions to his surgeon to remove the fixed dressing in a few days, and commence forced extension and flexion so as to secure a useful joint.

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CASE 63.—Infant three weeks old, presented by Prof. Watkins on account of a deformity of the left knee joint, which, from the history of the case, must have been dislocated in utero, one month prior to confinement.

Dislocations are classified as traumatic, congenital, and pathological. Traumatic dislocations result from direct or indirect violence, or from muscular activity in which the position of the bone may be bound as a fulcrum. Pathological dislocations, on the other hand, are usually of an insidious type, resulting from lesions of the joints, such, for instance, as tuberculosis; while congenital dislocations are due to some violence which the mother has sustained, producing severe muscular uterine contractions. In speaking of dislocations, the distal bone is discussed as being the one dislocated; and if there is no solution of continuity of the soft parts, the dislocation is termed a simple dislocation, while if there is a solution of the continuity of the soft parts, it is spoken of as a compound dislocation; and where the bones are greatly crushed, it is called a comminuted dislocation.

In the case of the little clinic just spoken of above, we found a forward dislocation of the tibia and fibula; the condyles of the femur resting in the popliteal space. The three weeks infant was chloroformed and remained under the impress of the anesthetic for fully one half hour, as it required much time to get sufficient extension of the muscles and tendons to allow of replacement of the dislocated knee. The foot would bend forward so as to touch the body of the child, yet in any attempt at its flexion, the condyles of the femur immediately pressed against the lower bones, locking the joint. The age of the child, and the fragile condition of the bones, made it imperative that very little violence should be exerted in the attempted reduction.

The tibia and fibula were grasped in the right hand through the upper third, and the left hand surrounded the condyles; and then by gently pulling and manipulating some freedom was obtained, and after several minutes we were enabled to place either thumb against the condyle of the femur; and with the relaxed condition attained, give promise of a restoration of the bones to their normal position, by pulling with the palm of the hand and fingers against the posterior part of the lower limb, and the thumbs pressed upward and backward

on the condyles of the femur. At last the bones were placed in their normal position, the leg semiflexed and immobilized in plaster dressing, which will be removed every ten days or two weeks to change from the flexed to the extended position until nature asserts her rights.

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## EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

### ACUTE RHINOPHARYNGITIS.

*Symptoms.*—Acute catarrh of the naso-pharynx; acute post-nasal catarrh; acute naso-pharyngitis; acute retro-nasal catarrh.

This is an acute catarrhal inflammation of the naso-pharyngeal mucous membrane.

*Etiology.*—Predisposing causes: The most active cause is climatic changes, especially in the spring and fall. The patient's powers of resistance to these changes are also factors. A hypersensitive condition of these tissues is not infrequently found in neurasthenic patients. The disease is infrequently seen in children; but a scrofulous diathesis is a predisposing condition.

*Exciting Causes.*—It may accompany either an acute pharyngitis or rhinitis, or may be an exacerbation of a chronic catarrhal inflammation of this region. It may also result from extension of an inflammatory process in either the nose or pharynx through continuity of tissue. Local irritation caused by the inhalation of dust or chemical fumes may be a cause. Any of the conditions which might provoke an acute rhinitis, may involve the naso-pharynx. Among the infectious diseases, scarlet fever, diphtheria and measles are quite likely to be followed or complicated by acute pharyngitis.

*Pathology.*—Practically the same as in acute catarrhal inflammation of any mucous membrane.

*Symptoms.*—These vary according to the severity of the case. When the disease accompanies an acute rhinitis or pharyngitis, it may not be recognized. When occurring independently, however, the symptoms are quite well defined. The attack is sudden, usually with a slight rise in temperature, not often reaching 101° F., malaise, disturbance of the stomach and bowels, and tongue coated. A dryness of the post-nasal space is present, which is very uncomfortable, as well as a sensation of tightness, which is increased on swallowing.

A neuralgic pain is usually complained of, and is referred to the pharyngeal vault, roof of the mouth, angles of the jaws or the vertex, and is generally persistent during the attack. Slight hemorrhages may occur. The dryness continues for one or two days, or until secre-

tion commences. The secretion at first is quite clear, but thick and tenacious; then it changes to a white color, and finally becomes purulent. The secretion is very adherent to the mucous membrane, and on account of the irritation produced, a more or less constant "hawking" and spitting result. Sometimes the secretion is expelled through the nose, but as a rule through the mouth. Some of the secretion is unavoidably swallowed, and this increases the gastric disturbance.

The secretion may produce an acute rhinitis through irritation. If an aggravated case, catarrhal ulcers may form, the hearing may be impaired, and the voice become hoarse through impeded circulation. Cough is not often present. After ten days or two weeks the symptoms gradually disappear and the tissues regain approximately their normal condition. Very infrequently is there bronchial or tracheal involvement.

Inspection of the naso-pharynx during the early stage reveals a reddened, swollen condition, with dry, glazed surface, and tortuous, congested vessels. In the later stages, the secretion will be seen clinging to or hanging from the walls, filling the crypts of Luschka's tonsil, as well as Rosenmuller's fossæ.

*Diagnosis.*—The history of the case, but especially by posterior rhinoscopic examination.

*Prognosis.*—Favorable.

*Treatment.*—Local treatment is of no especial value, excepting to cleanse the surfaces, and for this purpose any of the alkaline washes will do. Internally, during the initial stages, *sp. jaborandi* in doses of gtt. ij. to iij. every hour until secretion is established. If there is much burning, as sometimes occurs, *sp. rhus tox.* should be added. For the pain, aggravated on swallowing, *sp. bryonia*. When the mucous follicles are engorged, *sp. phytolacca*. The remedy which will be most generally indicated after secretion is established is potassium bichromate, 1-100 gr., giving it every three hours. When the secretion becomes purulent, lime, either as lime water or the sulphide of lime. After the subsidence of the disease *sp. hydrastis* and *sp. phytolacca* should be administered for several weeks, or until the tissues regain their normal activity.

#### BORIC ACID IN EAR DISEASES.

The use of boric acid in suppurative diseases of the middle ear forms the basis of local treatment, but discrimination is necessary in order to obtain satisfactory results. The powder should be lightly dusted over the mucous surface after thoroughly cleansing with cotton on a cotton applicator. I very seldom use any fluid in the ear in suppurative cases. The following are the combinations I have been in the habit of using. The names employed are for the most part of my own coining, more for the sake of convenience than for their appropriateness.

perception is often more confused than when he is asked to name only

**Ergotized Boric Acid.**—Squibbs' ergot  $\frac{3}{4}$ ss, boric acid,  $\frac{3}{4}$ j. M. Triturate until dry and an impalpable powder. It is necessary that the preparation of ergot contains no glycerine. Indications: Membranes turgid and reddened; slight discharge.

**Calendulated Boric Acid.**—Sp. calendula, Boric acid, aa. qs. M. Triturate until dry. Indications: Moderately profuse, thin, acrid pus.

**Salicylated Boric Acid.**—Lloyd's salicylic acid,  $\frac{3}{4}$ j, boric acid  $\frac{3}{4}$ vj. M. Indications: Polypoid granulations of the mucous surfaces.

**Thuja Boric Acid.**—Lloyd's thuja,  $\frac{3}{4}$ j, boric acid,  $\frac{3}{4}$ vj. M. Triturate until dry. Indications: Papillomatous granulations of the mucous membrane.

**Carbolized Boric Acid.**—This is simply boric acid with 5 per cent carbolic acid. Indications: Hypersensitive mucous surface; moderately profuse discharge, fetid, not purulent.

**Iodoformed Boric Acid.**—Iodoform,  $\frac{3}{4}$ j, boric acid,  $\frac{3}{4}$ j. M. Indications: Pallid mucous membrane; discharge scanty.

This comprises the combinations most frequently used. It should be remembered that in all cases the powders should be in as fine a state of subdivision as possible, and only lightly dusted over the surface. They should never be blown into the ear by a blower that will throw a mass; nor should the external auditory canal be packed with the powder.

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#### Lantern Test for Color Perception.

Experience has shown that some individuals can pass the Holmgren wool tests correctly and without hesitation who are yet unable to distinguish the red and green lights of a distant signal. Cases of this sort have usually acquired a central defect for colors as the result of the use of tobacco or alcohol or both, and the wool tests are large enough to affect the retina outside of the scotoma. Small objects, like distant signal lights, form their image entirely within the area of color scotoma, and hence their color is not recognized. It is important, therefore, to have a test for railway employees which shall, as nearly as possible, reproduce the conditions of actual service.

Williams (*Boston Med. and Surg. Journal*) urges the need of a supplementary lantern test for the proper examination of railroad employees for the detection of color blindness, and describes his lantern apparatus which he devised in 1892.

In its present form (1903 model) it consists of a revolving disk carrying eighteen colored glasses. Two incandescent lights, whose intensity is varied at will by means of a rheostat, illuminate two openings before which the glasses of the disk can be rotated in succession. A shutter permits one or two lights to be shown at a time. Experience has shown that with two lights showing, a person with defective color

a single light. Each colored light has a corresponding number, which is recorded with the color named.

The test is made in a darkened room, with the lantern twenty feet from the person examined. At this distance the area of the larger opening corresponds to apparent size of a standard switch light at a distance of 160 feet. The area of the smallest opening corresponds to a switch light at a distance of 1,300 feet.

Williams concludes that the lantern test and Holmgren wool tests, carefully made, will not permit any dangerous case of defective color sense to be passed.

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#### Decrease in the Birth Rate of Native Born Americans.

That native born Americans do not produce children as they once did is a melancholy but fully-accepted truth. At the beginning of the last century they were among the most prolific races of the world, but the birth rate of the native-born American has been steadily decreasing, until now the inhabitants of the United States of native stock have smaller families than almost any of the civilized people of the world.

Mr. Weston, writing in a recent number of the "Nineteenth Century and After," asks the question, "Are the Americans dying out?" and calls attention to the fact that the native-born citizens of the United States are ceasing to breed, and that the result of the diminished birth rate is only concealed by the influx of foreign immigrants, who are coming more and more from southern and eastern Europe. The figures supplied in support of this statement are rather startling.

The first generation of Americans after the colonization of New England had families of ten or twelve; the second, third and fourth generations had families of six and seven; the fifth, families of four and five, and the sixth, families of three and less. The result is that 275 years after the landing of the Pilgrim Fathers the stronghold of Puritanism is not upheld by the ever-declining Americans, but by the Irish, German and French Canadians. If the birth rate had kept up at its earlier rate, and there had been no foreign immigration at all, Mr. Weston computes that there would have been 100,000,000 people in the United States; today there are only 76,000,000, even when all the negroes and foreign immigrants are included. Of these 76,000,000 ten and a half millions are foreigners, thirteen and a half millions are born of foreign parents.

Mr. Weston is of the opinion that this process will continue, and that its result will become the more conspicuous by the fact that the foreign immigrants are now coming from Italy, Austro-Hungary, and Russia. Ever since 1881 the rush of immigration to the United States has changed its starting point from Great Britain and Germany to the above-named countries.

The comparative sterility of native-born American women is a serious matter, but one which has forced itself upon the notice of thinking persons. The woman of this country, whose ancestors were born here, is generally averse to bearing children. She is, as a rule, of fragile make, nervous temperament, and far more intellectual than are women of other nations. But with her growth of brain-power she has declined in physique, and maternity, with her, is an ordeal to be dreaded and avoided if possible. Thus it probably happens that the birth rate among native-born Americans is continually decreasing.—*Med. Record.*

#### The Sign of the Orbicularis in Peripheral Facial Paralysis.

George A. Jacobi (*The Journal of Nervous and Mental Disease*) states that recent clinical observations have shown that the assumption of non involvement of the upper facial in hemiplegia is a mistake. The recognition of this error is due to the "sign of the orbicularis," a symptom consisting in the inability of a hemiplegic voluntarily to close the eye upon the paralyzed side, except in conjunction with the other eye. In cases of hemiplegia the temporo-facial branch of the facial nerve is often so slightly affected as to lead to doubt whether the upper facial territory is involved at all, for the hemiplegic can easily close both eyes, or wink with the eye on the sound side, with the eye on the affected side closed, but he can not reverse this and wink with the eye on the paralyzed side, this being the so-called sign of the orbicularis.

Mills sums up the central course of the facial as follows: "The central neurones of the facial apparatus arise from the motor cells of the lower extremities of the central convolutions. Together they form a tract which passes by the corona radiata and internal capsule about its knee to the tegmentum, decussating in the latter to enter the facial nucleus of the other side."

The presence of the sign in peripheral paralysis is further proof of the existence of commissural fibers between the nuclei of the seventh nerve.

The sign is of clinical value in so far as its presence in peripheral paralysis shows that complete recovery has not yet occurred.

The secondary over action in the orbicularis palpebrarum, which is late in appearance and always coincides with some recovery, does not occur in those cases in which the sign has passed way.

#### Characteristics of Ocular Headache.

Wood has come to the following conclusions as to the results of eye-strain induced by civilization:

1. Forty per cent of all chronic headaches and eighty per cent of all frontal headaches are partially or wholly of ocular origin.



2. Their site, in order of frequency, is (a) supraorbital, (b) deep orbital, (c) fronto-occipital, (d) temporal, or (e) a combination of these.

3. Near work is their chief exciting cause; reading, writing, drawing, painting, fancy work, type setting, type writing, sewing, music, and the like.

4. Patients suffering from headache often observe that other eye diseases (6 and 8) also result from the use of their eyes for near work, especially with artificial illumination.

5. Shopping, theater and church-going, as well as riding in street cars and railway trains, often induce it.

6. The letters and lines in reading and notes in music blur, run together and get "mixed up."

7. The patient with ocular headaches is generally astigmatic or farsighted, or has some other refractive error, or has some weakness of the ocular muscles.

8. Patients with ocular headache often complain of lachrymation, photophobia, foreign body sensations, specs floating before the eyes, itching and burning of lids, redness of eyes, etc.

9. The signs of eye-strain above mentioned may be present and the headache of ocular origin, although the vision is normal and there is no manifest astigmatism. The patient in such a case overcomes his hypermetropia, or astigmatism, or both, by continuous muscular effort.

10. About ten per cent of all ocular headaches are incurable, and some of these are hereditary.

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## PERISCOPE.

### SPECULATIVE INVESTMENTS FOR PHYSICIANS.

An undue susceptibility applies to the medical profession through lack of preparation and of experience with commercial problems, necessarily involving insufficient acumen and business sagacity. The very nature of the daily work of the physician, the effort to relieve human suffering and prolong life, with the benevolence of disposition and kindness of soul thus unconsciously inculcated, together with the frequent inability to acquire wealth despite most laborious effort and the assumption of grave responsibilities, renders the medical man an easy mark for designing and unscrupulous promoters. This lack of individual resistance is lamentably true, and has long been recognized and taken advantage of by wily and sharp-visaged schemers.

Owing to these predisposing causes it is not surprising that he often becomes a ready prey to the attractive allurements of the bland-spoken manipulator. In view of these facts is it not a source of surprise that medical journals should further add to the temptations of their readers by introducing prominently notices of wild cat investments clothed

with all the attractions that bold type and conspicuous insertions may add to extravagant statements of assured profits calculated to appeal to the cupidity of its singularly unsuspicious victims. That a medical journal, designed ostensibly for the material benefit and scientific advancement of physicians, supported exclusively by doctors and read solely for knowledge to be gained, should permit the very class upon which it depends for support to be victimized through its columns of advertising matter solely for commercial considerations, is a subject worthy of serious thought.

It may not be out of place to add that a single issue of a certain journal not long ago contained no less than four flaming accounts of definite profits to accrue from investments in as many mining enterprises. One announces that it is the "Doctors' Mining Company;" another states that the glorious opportunity to get rich is open to physicians only, because one of its officers is a physician himself and wishes the benefits to be confined exclusively to his brother practitioners. Such generous and self sacrificing consideration is a marvel in itself, but speaks volumes as to the gullibility of the profession, else such a monstrous appeal would not have proven profitable. Such disinterested solicitation from strangers should be sufficient evidence to the wary of the insincerity of their motives and the inherent flimsiness of their ensnaring schemes. "Methinks the lady doth protest too much" is an expression capable of unique application to such empty vapors as these. It is well to remember that the shark is simply after his victim's money, and is capable of about as much consideration and mercy as is accorded the luckless sailor whose body is snapped in twain by the ferocious and hungry monster from whom the fitting appellation is derived.

Residents of the West have long since learned to beware of so called friends, to say nothing of strangers, who approach with suggestions of entrance into mining stock propositions as alleged on the ground floor. It is usually asserted that such opportunities of a lifetime have to be taken advantage of at the moment, as positive assurances are given of immediate appreciation of values, while glowing visions of enormous dividends are presented before the bewildered eyes of the would-be purchaser. It may be added that the luckless investor finds that instead of getting in upon the ground floor, he is occupying apartments in the attic, or possibly upon the roof, from which the descent to the cellar is more sudden than agreeable.

Far be it from my purpose to decry mining as an industry, or to belittle other legitimate ventures of a more or less speculative character. The contention is simply made that even such for physicians are not worthy of a moment's thought. It is assuredly quite as unfortunate in the end to attempt a mining venture, no matter how legitimate *per se*, when handicapped by lack of experience and knowledge, as to repose blind confidence in others who are unhandicapped by conscience. The old axiom, "Let the shoemaker stick to his last"

has been paraphrased in the language of the day, "Every man to his graft." It cannot be denied that this homely yet pungent expression applies with more force to the doctors than to the followers of any other vocation in life.

If there is any class of men whose daily experience in rubbing up against raw human nature should finally inculcate conservatism and caution, and yet, as a matter of fact, who do exhibit a more sublime and lamb like trust in the protection of wolves, such a class has yet to be produced.

The paths of speculation lead but to the financial grave. The practical essence of the whole matter is that the doctor is bound to lose his money in the end if he continues his speculation. When he goes up against another man's game there can be but one result. Every kind of a percentage is against him. There can be no such thing as an even break on the relative chances. It can be very positively assumed that the man selling stock knows more about the intrinsic value of the property and more of the probabilities of the future than the one to whom he is trying to sell. The doctor is placed at a tremendous disadvantage from the beginning in such transactions. In the same way if he is inveigled into the open market he has about the same chance as the proverbial snow-ball in hades. It is the old story again of the other man's game, which is so surely played to win. The commissions which are alone sufficient in the end to impoverish the outsider and enrich the broker, do not by any means constitute the full extent of the burden handed to the investor in the beginning. He is obliged to use his own judgment about a matter concerning which he knows absolutely nothing, and which is sufficiently difficult and trying to bankrupt professional traders. The average man is so constituted that he will be glad to accept a small profit, but never a small loss. The latter has got to assume large proportions before a certain stubbornness, mistaken for nerve, will permit serious thought of liquidation. After hanging on by his eyelids in his effort to remargin, and when every resource has finally become exhausted, the unfortunate speculator is compelled by dint of sheer force of circumstances to meet his loss. He invariably runs from a profit, but stays to be whipped in face of a loss. This factor inherent to nearly every one, is the real percentage in the game of speculation. As one patient, a broker, remarked, "If they keep coming we get their collar buttons." The fortunate speculator is the one who loses early in the game, and then lets it alone. The one to be pitied is the one who wins in the beginning. The greatest failures have come from early successes, and the greatest successes in life from early failures.

The only way to make money out of speculation is to let it alone. Indulgence, therefore, in such means of securing wealth is deprecated for the doctor, because of its universal impracticability and utter hopelessness.

The preceding course of remarks is actuated purely by the continued unfortunate results of speculation in all its devious forms, constantly witnessed in all parts of the country, in the East as well as the West. If there be one physician who may chance to read this article and who may resolve to profit by the unpleasant experiences of others, the object of this paper will have been attained. Its preparation has been very much like the opening of an old wound, the only adequate compensation for which exists in the hope that some may be spared the personal disappointment, the bitterness of spirit, and the self-condemnation which must so surely attend and follow all speculative investments for physicians.—*Editorial in Med. News.*

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#### Woman's Advantage and Disadvantage in the Practice of Medicine.

As we sat in the depot at San Antonio, Texas, two months ago, watching the living stream coming to the excursion train, we could but note the different people in the crowd before us. Here was a girl. A high-pointed hat seemed to accentuate her peculiarities. When she went anywhere, she seemed to project her mind into space and her body followed, so quick, indeed, that she seemed only to think and was there—a fit mate for our coming boy. There came a couple, the woman in advance, large, self-assured and efficient; the man, small, pale and weak, came along behind carrying the baggage, nervously watching her every movement. Just after them came a man with a little—something following after like his shadow, seeming to do only what he suggested; trembling for fear that it would not be right. Then a soldier. He had lost a leg and felt himself a hero. His every movement proved it. His wife felt it—she was essential to his comfort, and there was a seeming reverence in every little act, and he was gentle and considerate of her, but naturally domineering. Then came on the scene two people, plain, but neat and well dressed. They seemed to move as one person. He was always conscious of her presence; while she seemed to think only of him and his needs. In all this crowd only one seemed to have found woman's true mission. Without fear or trembling, to stand at man's side—his companion and complement. How different would be the views of these people as to the married state, did they but understand this principle. So it is in medicine; no two would find the same advantages or disadvantages.

Woman has proved beyond question her right, ability and capability to be or do whatever she chooses. Her power to achieve is only limited by her desire or determination. A French proverb says, "Let a man climb ever so high, he will find a woman before him." Be that as it may, she is one of the motive powers of the world, whether she presses on behind or leads. Many are proving this, as is the young girl of twenty who is the marvel in the astronomical world of today. Woman is a natural nurse and doctor, and has been since the world began, and it is only when her resources are exhausted that another

is called in, and she has a right to all the knowledge she can obtain in any way. Our broad-minded, brainy men accept this, and only the narrow end bigoted sneeringly speak of her as a female doctor when she seeks the knowledge that enables her to more successfully cope with disease. If he knew it, the true physician never need fear being pushed aside by a woman. A woman naturally loves her physician. He who serves in her deepest need and sorrow, helps her over the trying ordeals, saves the life of her loved ones, and one who she thinks knows all the mysteries of her intricate being. One on whom she must depend when all others fail her. It is a reverential love, and a grander, nobler, self-sacrificing set of men do not live. We have associated and lived with physicians all our lives, and never once have seen this trust betrayed. Can a woman be all this to another? We must say no. She may be just as capable, stronger in judgment through intuition, quick to see and act, and yet save more lives through her conservatism, but she can never take the place of the old family physician. She must be satisfied with less.

Still, she is a great comfort to her sisters. They can come to her and talk as to one who knows and feels for and with her, all reserve is thrown away, conscious that all their sufferings are understood and appreciated because of experience. Who like she can come to the little pain and fever-racked child, take it in her arms and soothe it even by her personal magnetism. Watch by the little bed, administer the healing drops as symptoms may require, while the overtaxed mother sinks into a much-needed sleep, knowing that the little one is getting all and more than she can give for its restoration; and thus the crisis is passed, and none but the doctor knows the close call, and she goes her way heeding not cold or exposure or fatigue, or even personal danger, until outraged nature calls a halt.

In our humble opinion, the advantages of a woman in the practice of medicine are few and easily told; the disadvantages many and hard to overcome. A man sacrifices much; but a woman, more. She must give up society, home life and near friends, even. The care of her person must be sandwiched in between duty's calls.

It seems to us if a woman could but see all the pain and suffering that must come into her life as a practicing physician, she would never choose it as a profession. This can never be. We only learn some things by experience.

There are advantages and pleasures in this calling, but they are dearly bought, and *noblesse oblige* must alone be her watchword if she succeeds.

She has prestige. Much confidence is reposed in her. Her calling is remunerative. She suffers more acutely and enjoys more intensely in the same ratio, but, above all, she knows how to relieve pain and anguish and bring many a grateful word and loving tear to the aching hearted mother.

The thought that her life is well spent and the world better for her

devotion to her calling, must be her reward, and I beg of you, as men, be kind and considerate when you meet her in counsel. Lift her weary hands and help her to carry the burden she has assumed. She may be silent, but she feels these courtesies all the same.—Dr. Mary B. Morey, Gonzales, Texas, in *The Lincoln Med. Outlook*.

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### OSTEOPATHY.

The osteopaths are beginning to sit up and notice one another in the columns of their official organs and what has been looked for has come to pass. They are beginning to find fault with one another as to the ethics of their "profession" and are drawing fine lines of distinction as between "regular" osteopaths and "lesion" osteopaths, whatever those terms may mean to the practitioners of massage.

The heretics believe there are other agencies than manipulation which will cure disease conditions, and so the squabble has begun. In discussing the matter a "Dr. C. W. Young, D. O." says, referring to "Dr." Still's textbook on osteopathy, and be it remembered that "Dr." Still is the inventor of this method of massage:

Chapter XIV. is devoted to the treatment of diphtheria and other diseases by pouring glycerine and water in the ear. He described a desperate case of croup, where water, glycerine and a wet rag were used and "osteopathic treatment." I have heard the book ridiculed for this chapter. I do not believe in ridiculing anything until you know what you are talking about. I tried this ear treatment in the case of the surgically maimed child who died while under my treatment of diphtheria. It seemed to give relief and she begged to have it repeated. She seemed to be improving at the time she choked to death when the nurse attempted to force her to swallow too much water all at once. I am satisfied that this ear treatment is all right as well as all other treatments described by Dr. Still. Too many osteopaths are neglecting to read the old doctor's books. He says God and experience are his authorities. I believe in these authorities. They are far ahead of the authority of theory.

Which is chiefly interesting because it is so foolish.—*Buffalo Med. Journal*.

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### Glyco-Thymoline for Erysipelas.

Dr. Seneca D. Powell, of New York, applies 95 per cent. carbolic acid in erysipelas, and as soon as the skin turns white he applies alcohol to check the action.

The *Dietetic and Hygienic Gazette* describes another treatment for erysipelas. It is to cover the area and margin on the surrounding skin with a thick layer of white vaseline, and cover this with linen

and a bandage to hold it in place. Apply twice daily. Its advantage over iodine applications is the absence of pain and irritation.

In glyco-thymoline we have a remedy for erysipelas which lacks the toxic properties of carbolic acid, and is far more efficacious than white vaseline. The following clinical histories give a fair idea of its action :

John Citatatto, M. D., of New Orleans, writes : "A young lady sent for me, and upon my arrival I found her suffering from an attack of erysipelas. I decided to try glyco-thymoline, and accordingly made a solution consisting of four ounces of glyco-thymoline to two pints of water, and ordered the patient's face to be kept constantly covered with compresses saturated with this solution. With the very first application the itching ceased instantly. The swelling of the face disappeared very rapidly, and after three days of this treatment my patient was entirely cured."

C. Le Van Mandenbach, M. D., of St. Louis, states : "I have used glyco-thymoline as a direct application in facial erysipelas with the best results."

Dr. Sexton, of Baltimore, writes : "I have used glyco-thymoline in erysipelas by keeping a piece of linen wet with it on the face. It prevented the erysipelas from spreading, and allayed the itching almost instantly."

#### Sensations in Drowning.

James A. Lowson describes his experience when dragged under water with a foundered ship. He struck out to reach the surface, but only went further down. This exertion was a serious waste of breath, and after what appeared to be ten or fifteen seconds the effort of inspiration could no longer be restrained, and pressure on the chest began to develop. The most striking thing to be remembered was the great pain in the chest, which increased at every effort of expiration and inspiration; it seemed as if he were in a vice which was gradually being screwed up tight, until it felt as if the sternum and spinal column must break. The "gulping" process became more frequent for about ten efforts, and hope was then extinguished. The pressure after these gulps seemed unbearable, but gradually the pain seemed to ease up, as the carbonic acid was accumulating in the blood. At the same time the efforts at inspiration, with their accompanying gulps of water, occurred at longer and longer intervals. The writer's mental condition was then such that he appeared to be in a pleasant dream, but still had enough will power to think of friends at home, etc. Before finally losing consciousness the chest pain had completely disappeared, and sensation was actually pleasant. Consciousness returned, he found himself on the surface of the water (probably from the action of the life-belt), and finally managed to reach shore. His after experiences are fully described. He hopes that death by drowning will not again be described as a pleasant death.—*Edin. Med. Jour.*

**ADVANTAGES OF ORGANIZATION.**

"United, we stand; divided, we fall;" "In union there is strength." These two statements were made years ago in reference to the various States which make up this great nation. They were true then and they are true today, not only of the United States of America, but of every union of persons and interests. They are especially applicable today to the members of the medical profession who are practicing under the Eclectic banner.

We as physicians have our relations to every other physician, no matter what school of medicine he affiliates with, and we should honor and respect those relations, governing our conduct according to the Golden Rule.

In addition to these relations, however, we as a school have interests and obligations peculiar to ourselves which deserve and demand our best efforts and necessitate our safeguarding. In order to fulfill these obligations and work for the best interests and perfection of the principles and practice which we espouse, there must be thorough and complete organization of our forces.

While there are forces organized which have tried to suppress and annihilate by the enactment of laws and institution of requirements which supposedly could not be met, and now that this has failed are attempting absorption, we should be even more united and alert to our interests and carefully weigh and measure every advancement or overture which may be made on the part of our neighbors to know its true nature and purpose. Be sure that absorption does not mean annihilation by extinction.

I do not mean by this that we should continually antagonize our neighbors and be continually at war with them, but I mean that we have a right to live, and we have interests to sustain and a work to do which is peculiar to ourselves; therefore, in order to accomplish these ends and insure self-preservation our organizations must be alive and active.

By thorough organization I mean the adoption and use of every legitimate and honorable means to further and sustain the interests and establish a high standard of Eclectic practice. By complete organization I mean the enlistment of every man who stands for freedom in medicine and the study of every rational means for the prevention, relief and cure of disease.

Organization does not mean simply a record of the names of several individuals who have entered into association under certain rules and regulations, and who, at specified times, pay to some designated member certain fees for membership; these are necessary and right; but it means also that upon every individual so associated is imposed duties and obligations which he should be ready to fulfill willingly and thoroughly. Individually and separately we can accomplish comparatively little, and that only in our own little sphere, but by



uniting in one great whole, every man walking shoulder to shoulder and in harmony with his fellows, the banner can be carried onward and upward with honor and credit to the cause we represent.

The organization which is successful is not necessarily the one which has a large amount of machinery, but the one whose workings are simple and whose every member does his part faithfully. Have a place for every man and let every man be in his place. Let the organization be simple but thorough and see that every man assigned to a duty performs that duty.

If you are an Eclectic and are not an active member of some Eclectic society or organization, it is your bounden duty to affiliate at once. We are all enjoying privileges and freedom which have only been brought about by faithful and persistent effort on the part of organizations which stand for Eclectic principles. Everyone, therefore, who enjoys the fruits of these labors is under moral obligation to sustain and support these societies by every legitimate means which will further their interests financially, politically or professionally.

Further than this, but of equal importance, is the necessity and advantage of uniting for the study and discussion of those questions which we are meeting in our everyday-round of business.

No one who has ever attended a meeting of any of our societies has gone away without some addition to his store of knowledge, or without being stimulated to a renewed interest and effort along some line.

Our school has necessarily been one engaged in original investigation in a greater or less degree, and it is our duty to continue this work and not build our successes alone on what has been done.

Every great work must either progress or fall back, it can not stand still and live. Let each and every one see that he does his part to carry the work forward and perfect it by adding his contribution, be it small or great, to the common fund of knowledge which has already been collected.

What has been learned and proven must not die with us, it is worth preserving and must be handed to posterity. This can only be done by uniting our interests, our thought and our labors.—Dr. Earl H. King, Saratoga Springs, N. Y., in *The Eclectic Review*.

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#### AN INTERESTING CLINICAL CASE.

X, a white woman, 22 years of age, was taken into the hospital on account of syphilitic skin disease (roseola papula) ; a blennorrhagic vaginitis of most violent description with strong congestion of the mucous membranes of the vagina. The latter was of violent hue, somewhat brittle, and yielded abundant secretion of a greenish yellow pus, which showed under bacteriological examination abundant colonies typical of gonococcus, diplococcus, and other varieties of bacteria. The gonococci infection reached to the neck of the uterus, whose tissues suffered from the same degeneration as the vagina. Above the

mouth of the neck, from which a greenish yellow and somewhat thick pus oozed, was a syphilitic ulcer of the size of a dime, clean at the bottom, livid in color and rather deep.

Upon careful examination, the patient was found to be pregnant in the third month, and from the start was subjected to energetic treatment as a serious case.

Under treatment she improved rather well; but though the blenorrhagia was not cured, the syphilitic manifestations of the skin disappeared, and the ulcer at the neck improved somewhat, until confinement, which took place at the eighth month, five months after her admission.

The confinement was normal. However, the patient was attacked by a great flux and suffered a complete laceration of the right side of the neck; an incomplete laceration of the left side; an incomplete laceration of the rear wall of the vagina, and a two-thirds laceration of the perineum. The placenta was removed at once; ample warm washes of a warm one per cent solution of permanganate of potash were applied and the uterus was stimulated by massage, but remained inert. All this was reported to me by the house physician. I arrived at the hospital four hours later in company with the well-known gynecologist, Dr. Mendez Capote, who, upon having examined the patient, decided to sew up the lacerations. He washed out the vagina and uterine cavity completely; adjusted with the scissors the edges of the lacerated tissues; sewed up the wounds and touched the ulcer at the neck with the cauterizer; then he gave another wash and plugged with iodoform gauze.

When the patient was on the operating table, she had fever,  $38.4^{\circ}\text{C}$ . At 5 P. M. the fever was at  $39^{\circ}$ ; then the vaginal plug was taken out and a great intra-uterine wash of a one-half per cent solution of permanganate was applied very hot in a quantity of five liters. The fever was at  $40^{\circ}$  throughout the night, and washes were given every four hours.

The following day, at 8 A. M., temperature  $40^{\circ}$ , same local treatment. The fever lasted all day, falling to  $39^{\circ}$  by the wash, but rose again to  $40^{\circ}$ .

The day thereafter, fever at  $41^{\circ}$ ; same treatment with more vaginal washes of bichloride of mercury, before the uterine washes; the fever keeps on at  $41^{\circ}$ .

On the next day at 8 A. M. (temperature  $41.5^{\circ}$ ), I took out the stitches made on the day of confinement, washed well both uterus and vagina, dried the latter with carbolated cotton and conveyed into the uterine cavity eight grammes of pure hydrozone, taking care that this liquid should flow toward the vagina, into which I poured sixty grammes of the same liquid and drained the uterus with simple gauze saturated in hydrozone, while the vagina was drained by the same means.

From that time on the fever declined slowly, and at 6 P. M. it was apyretic. The fever did not return and the patient's cure proceeded without difficulty.—Dr. Matius Duque, in *The Revista Med. Cubana*.

## Eclectic Medical Journal.

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### END OF THE OLD YEAR—BEGINNING OF THE NEW.

We do not know how our readers feel about it, but we think we have made a most excellent year's work during 1903, and believe that the outlook for our future in medicine looks very bright. Old prejudices are wearing away; our neighbors of all schools of medicine are giving us more credit for our labor, and it would seem that in the very near future the three schools of medicine will work fairly well together; at least there will be a cessation of the rasping bigotry of the past seventy years. This Journal does not tolerate the idea of amalgamation as held out to us most forcibly during the past year by the more liberal members of the dominant school, for amalgamation means to us loss of individual and of opportunities for independent work.

Twelve years ago Prof. Scudder wrote as follows: "The loss of Prof. Howe at the beginning of the year was a great one, and some seemed to think that Eclecticism would die with him. This was a very great mistake, for, though he occupied a prominent place, everything moved on as if he had never been. It only proves what I have so often said, 'that if the work is needed in the world good men will always be found to do it.' Whilst I do not lay stress upon 'special Providences,' there is a general providence which works for righteousness."

A year after that the distinguished Professor King passed to the great beyond, and the year following the writer of the above extract followed. These breaks in our ranks we recognized as serious, but the past decade has proven that Prof. Scudder was right, for good men have sprung up to fill their places. During the year just passed we have lost Professors Jeancon and Locke, a number of good, active men in the East, and several men strong in our national organization.

Just what the future has in store no man can tell, but in so far as we can shape the future for our people and our cause, we shall shape it for good. We trust that the meeting of our National at the World's Fair in St. Louis will be generally helpful, in that we may show our neighbors of the profession, as well as the people, that we are a large, well organized body of physicians, and that we have something valuable both in literature and in remedies. We should do our best to impress that the use of pleasant remedies in small doses for direct effect, is to be the system of medicine of the future.

This is the month of Christmas ; once more the Journal carries our best wishes to one and all for a Merry Christmas and Happy New Year. Firm believers are we in Christmas, in all the word implies and in all that goes with it. Let the Christmas spirit be once more a proper closing of a year of good work, with peace on earth, good will to men.

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#### LOCAL APPLICATIONS.

In the next sixty days there will be crowded more cases of pneumonia and bronchitis than in all the spring, summer and fall months combined. Much has been written on the treatment of these prevalent diseases and I desire to speak in this article only on the local measures used. I am satisfied much benefit will be derived from a well selected local application and that very much harm may follow their injudicious use.

If we consult various works on practice, we will find hot poultices, blisters, ice-packs, the ice-cradle, cold sponging, antiplogistics, cotton-batting, bleeding, leeches and mustard plasters recommended, but nothing to indicate when one should be used in preference to another. If a mush jacket is beneficial in a given case, it hardly seems reasonable to expect benefit from an ice pack in a case of like conditions.

To add to the patient's suffering by resorting to the blister, seems equally objectionable, while cupping and leeching are repugnant to the patient, hence the indiscriminate use of these local measures can result but in one way to the patient, namely, depressing and devitalizing.

If we follow the same rule in selecting our local treatment, that we do in selecting our internal medication, there is little danger of making a mistake. Avoid all local measures that tend to depress or shock the patient, who is carrying a heavy burden in the way of a diseased lung. Do not add an iota to the already over taxed system. Conserve every ounce of strength the patient possesses and give him every chance possible in the battle for his life. Don't use a mush jacket or poultice of any kind. Think of the extra burden the lungs are compelled to lift in the course of twenty-four hours ; with each expansion the chest

raises from three to five pounds in a mush jacket. There are 1440 minutes in a day, and count 25 respirations to the minute, a conservative estimate in pneumonia, and we have this extra weight lifted by the chest 36,000 times in 24 hours. Surely any benefit that might accrue from the hot poultice would be more than counterbalanced by the increased burden imposed upon the heart and lungs, to say nothing of the dangers risked by chilling the patient by allowing a cold poultice to remain on the chest. Against this latter condition, I am sure every physician of experience has had to contend.

On general principles I would say *don't* use the ice pack or cold applications, for while strong, robust patients, with sthenic inflammation, might not be harmed, the average patient will be shocked by the cold applications and therefore they should not be used. Don't *blister* your patient. Temporary relief may be experienced by such measures, but the after effects are painful and depressing.

Don't use *leeches*. They are repulsive and do but little if any good. Don't bleed as the patient needs all his vitality to fight the disease. Don't do anything that will burden the system.

What shall we do? One of two things—use the larded cloth, dusted with emetic powder or the parchment paper lightly spread with libradol. The former has been used, for lo, these many years and is one of the safest, surest and most helpful applications that can be used.

Some patients, however, possess a very sensitive skin and the powder produces an intolerable itching and can not be used; to such libradol will be very grateful, and as the latter possesses an anodyne effect, it is doubly useful. Should it produce nausea, which it often does, substitute the mild or white libradol.

R. L. T.

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#### PSEUDO-HYPERTROPHIC PARALYSIS.

This is a disease of childhood characterized by an enlargement and loss of power in certain muscles of the body, beginning, as a rule, in the calve muscles. It is generally hereditary, appearing sometimes in several members of the same family, and transmitted by the mother, although usually attacking male children. It appears at the age of from two to five, occasionally developing later, but being very rare in adult life.

The exciting causes of pseudo-hypertrophic paralysis, although frequently unknown, may be regarded as general, such as the acute contagia, cold, dampness, unhygienic surroundings, improper nourishment and traumatism.

The distinguishing symptoms of pseudo-hypertrophic paralysis are the enlargement and weakness of muscles. The muscles become greatly enlarged in bulk, the calves of small children sometimes measure from fifteen to sixteen inches in circumference. The enlargement is not a true overgrowth of muscular fibres, but an increase in

the interstitial connective tissue which later undergoes fatty degeneration.

The pseudo-hypertrophy rarely involves the muscles of the upper part of the body or the arms, which usually atrophy, and there is a marked contrast between the enlarged lower extremities and the emaciated body. As a rule the thigh, hip, and lumbar muscles are in time implicated, but in some cases the thigh muscles atrophy, and there is a striking difference between the enlarged calves and buttocks and the slender thighs. In rare cases the muscles of the face enlarge, giving rise to a peculiar and characteristic facial expression. The muscles undergo a diminution in electrical reaction in proportion to their loss of function. Fibrillary twitchings are absent. Sensation is normal and the functions of the bladder and rectum are not interfered with.

The first symptoms are a tardiness in learning to walk, the child walks slowly and does not run and jump after the manner of children. There is a clumsiness in gait and difficulty in going up or down steps. About this time an enlargement of the calve muscles is observed; coincident with this enlargement there is a diminution in muscular strength. While the anterior leg muscles are not, as a rule, enlarged, they are weak, and on this account the heel is elevated by the posterior muscles, and it is difficult for the patient to bring it to the floor or to place the foot at right angles.

The loss of muscular power results in a succession of striking attitudes when the patient stands, walks, or rises from a recumbent position. When an effort is made to stand erect the heels are slightly elevated the abdomen projects, the shoulders are thrown backwards and the weight of the body is supported upon the ball of the foot. In walking the feet are widely separated to widen the base of support, the pelvis is elevated on the side of the leg in action in order to swing the foot clear, the trunk is inclined towards the active limb and the patient waddles along like a duck. The gait is slow and deliberate with frequent balancing efforts similar to the actions of a rope-walker to maintain his equilibrium. He thus continues gradually growing more feeble until walking becomes so difficult and laborious that it is refrained from, the patient remaining in bed or in a chair. When he attempts to arise from a recumbent position he first rolls on to his hands and knees, the body is then raised by the arms their full length, the hands are then placed on the knees and he gradually climbs his thighs until an erect position is reached. As the disease progresses the tendon reflexes are lost. The mental powers are unaffected although the disease may occur in the weak-minded.

The prognosis is not good. The disease may continue for ten or fifteen years. When death does not occur from some intercurrent malady the patient gradually loses all muscular power, the heart and respiratory muscles become implicated and death results from inanition.

There has been much contention as to whether the cause of this affection is central or peripheral, and although generally classed as a nervous disease it is regarded by some eminent writers as purely myopathic.

The treatment of pseudo-hypertrophic paralysis is entirely symptomatic and must remain so until pathology has revealed its true cause. Rest, electricity, massage and a nourishing diet are the first requisites in this disease. Eclectic treatment to which a larger measure of success has come comprises many remedies, those most frequently indicated are iron, iris, phytolacca, strychnia, phosphorus, ignatia, belladonna, apocynum, podophyllum, leptandra, macrotys, passiflora, arsenic and veratrum. The reader is referred to our well known text books for the specific symptoms calling for these different medicines. They are to be given as indicated.

L. W.

#### PHARMACY IS A STUDY—NOT A FAD.

"The seed of melons (procured from well-ripened and fine flavoured fruit) should be about four years old, though some prefer it much older, as judging it much less likely to run to vine; if it is *too* old, however, it comes up weak, and is apt to rot, when the mould is not sufficiently dry, and the seed bed not yet very warm. If *new* seed only can be had, it should be carried a week or two in the breeches pocket, to dry away some of the more watery parts. The *earlier* the seed is sown, the older it should be. \* \* \* Seed of two, three, or at the most, four years of age, is to be preferred; that of a year old only comes up certainly, but too luxuriantly."—*Gardening* (1813).

The foregoing abstract from an old book is of interest; not only because it gives a text for connected remarks, but also because it conveys information that needs must be useful to many people. Whoever thinks that the sum of human knowledge is found in modern books, must have read but little out of books printed in the years gone by. To such persons, a day spent in the Lloyd Library, delving in the mind-treasures therein recorded, will prove a day well spent.

But to the text, which we shall apply in the direction of those who think that *one* experience crowned with success may be taken both as a law and a rule: The statement made in this old book as concerns the seeds of melons, may be applied in every other direction, with discriminative touch, as concerns plant life and plant structure. Changes there are that the microscope will not show; that the chemist can not catch; but which are changes, nevertheless, that the life-current feels. In the working of drugs, the man who *thinks* and has experience enough to enable him to formulate rules, and has discrimination enough to prevent him from falling into ruts and becoming narrow, will learn that each drug is a thing in itself, and that to *them* no one rule can be applied. Such men as the author of the book referred to, will tell you that some seeds must be planted the fall before the next year's summer to produce the best results; that others

should be planted in the early spring, and others still in the summer itself. But of melons, the seed, in order to produce the greatest amount of fruit, and the finest fruit, and the smallest vine, should be aged two or three or even four years.

Apply this thought to pharmacy: There are drugs that needs must be worked green; there are others that needs must be only partially dried, and others still that must be well aged. And yet there are other drugs that needs be cured by peculiar processes, in order to possess certain characteristics that otherwise would not be presented. Dry the ripe vanilla pod, a worthless bean results. Cure the same vanilla by the method employed in its native country, a delicious flavor is produced; and yet both products are from the same vanilla fruit. Work your *cimicifuga* whilst it is in fullest water and note the inferior product obtained. Cure it as it should be cured, thoughtfully, intelligently, and perceive the difference, even though the same apparatus and the same menstruum be employed in its manipulation. Work the *rhamnus purshiana* the day you cut it from the tree, or even the month it is dried, and you will find the product a bitter disappointment as contrasted with *rhamnus purshiana* aged one or two years. But follow any of these rules with *cactus grandiflorus*, or with *arum*, or with *rhus tox*, and you will find that they, by such rules, will yield you practically worthless preparations.

Take again to heart the text of the old gardener we have cited. Think broadly. Do not allow yourself to fall into a rut. "One swallow does not make a summer," nor does the fact that a melon seed must be aged to yield superior fruit imply that the lettuce and radishes and corn and other seeds must necessarily be aged. And when a man bunches the word "pharmacy" into a rule of thumb thought, consider that he is either talking at random, has fallen into a rut that will prove his destruction, or has not the experience that should permit him to voice aloud a word on the subject.

J. U. L.

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#### HERBERT SPENCER.

In the death of Herbert Spencer, the great British philosopher, there has passed one of the greatest thinkers on philosophical and scientific subjects the world has ever known. We might say that he was one of the trinity of the great men of his class of thinkers and writers; his compeers being Darwin and Huxley.

The conceptions that Spencer had of religion were not entirely antagonistic to any religious creed; no matter whether he regarded the subject from the standpoint of the monotheistic, pantheistic or polytheistic thinkers, he admitted that there is a spark of truth in all the different doctrines; that the secret of religion keeps awake the consciousness of a hereafter and an unknowable future, whose revelations are all things to all people; that the reality of a future existence must ever remain hidden, and that our foreknowledge can never be absolute.



In Spencer's conception of thought and reasoning, he claimed that the product and process of thought brought into activity the conceptions of space, time, matter, movement, strength, the first condition of conscious life, the experiences of the mind, as well as of existing substances; all representing realities which are totally incomprehensible as to their origin or existence; that thought is a combination of conditions, of relativeness, difference and equality; and therefore the absolute, the conception of which excludes all comparison, is incomprehensible to human thought, which must ever have relativeness, considering the difference, boundaries and equalities of any subject under consideration.

The writer refers to the above thinkers as a trinity; and upon reflection, it seems almost impossible to get away from the theory of a trinity of great minds, men and lives in any age. It seems that no single individual has ever been raised to an incomparable position except by the criticism or aid of two other individuals.

Let us reflect on this proposition. Among the ancients the names of Socrates, Plato and Aristotle, stand supreme and group themselves together in our minds; the three glorious artists, Raphael, M. Angelo and Da Vinci, were born within a few years of one another; we remember Napoleon, Wellington and Nelson at the same time; we associate Wagner, Mendelsohn and Beethoven; Webster, Clay and Calhoun; Voltaire, Comte and Payne; Grant, Lincoln and Garfield; Tennyson, Wordsworth and Browning; Pasteur, Virchow and Lord Lister; Sir Spencer Wells, Lawson Tate and Sir Thomas Keith.

L. E. B.

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IN a comparative table of stature, arranged according to nationalities, the United States Indian, says *American Medicine*, stands higher than any other race of the world, though the Patagonian runs him very close. The white citizen comes next. The United States negro ranks fourteenth in the scale, and of all the countries in the world considered, the Portuguese are found to be the shortest. It has always been proverbial among anatomists that blond nations are greater than their darker neighbors. This is due to the geologic positions of the blond races. They are characteristic of the north, and on account of the lower degree of temperature are induced to take more exercise, which throws them more in the open air. At the top of the list of countries, arranged in order of stature, the first seven, after the United States white men, are Norway, Scotland, British America, Sweden, Ireland, Denmark and Holland, all northern nations.

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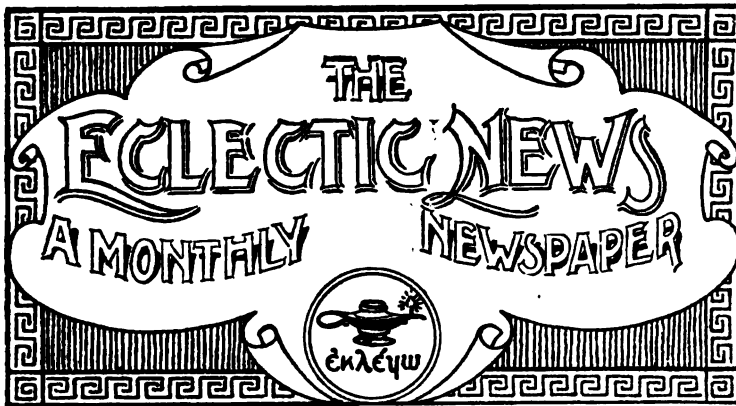
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### BOOK NOTICES.

**NEW ECLECTIC MEDICAL PRACTICE.** Designed for Students and Practitioners. By H. T. Webster, M. D. Published by the Webster Medical Publishing Co., Oakland, Cal. Cloth, \$6.50.

Prof. Herbert T. Webster, is too well known as a medical writer to need an introduction to Eclectic readers. In the present work he has combined the two volumes of his work on practice in one volume, which makes the edition handy for reference.

The writer has incorporated his personal experience in this work, and has eliminated a great deal of theoretical material which only serves to pad a book, and confuse the reader. The vigorous style of the writer, and his sincerity, make an impression that but few writers in this line have been able to accomplish.

The diagnosis as a rule is clear, and the conciseness eliminates tedious hunting for symptoms, that is too often an aggravation. When it comes to treatment, the indications for the different drugs are explicit; and although at times there is a strong flavor of tissue remedies and homeopathic attenuations, there is a marked preponderance of Eclecticism.

Taking the work right through, it is what one might expect of a man with strong convictions, and one also that can be recommended to all who wish for a new and up-to-date work on practice. K. O. F.

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**MODERN SURGERY—General and Operative.** By John Chalmers Da Costa, M. D.; 1099 pp., with over 700 illustrations. Philadelphia: W. B. Saunders & Co. Cloth, \$5 net.

This work presents in a concise form the fundamental principles and the accepted methods of modern surgery. Obsolete and unessential methods have been excluded in favor of the living and the essential. The progress of surgery in every department is one of the most

notable phenomena of the present day. So many improvements, discoveries, and observations have been made since the last edition of this work that the author found it necessary to rewrite it entirely. In this fourth edition the book shows evidences of a thorough and careful revision, and there has been added much new matter. There have also been added over two hundred excellent and practical illustrations, greatly increasing the value of the work. Because of the great amount of new matter, it has been deemed advisable in this present edition to adopt a larger type page. This is a great improvement, rendering, as it does, the work less cumbersome. The book will be found to express the latest advances in the art and science of surgery. Especially is the work valuable by way of giving valuable instruction as to the therapeutical treatment of many surgical cases.

I certainly commend it as a valuable reference work for all physicians and surgeons.

J. R. S.

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**NOSE AND THROAT WORK FOR THE GENERAL PRACTITIONER.** By George L. Richards, M. D. Price \$2.00. Published by International Journal of Surgery Co., New York.

In this little work of 330 pages, the conciseness of the writer has embodied much more useful material than is to be found in many more pretentious volumes. The author has undoubtedly become aware of the fact that the usual routine local applications are of little importance in treating these diseases, and that drugs internally administered are a prime necessity for successful results.

Those diseases seldom seen deservedly receive scant attention, but as the title indicates, the interests of the general practitioner are consulted by giving prominence to the usual conditions with which the family doctor must contend.

The treatment is not as explicit in some cases as might be desired, but it is decidedly refreshing to get away from the long list of washes, sprays, nebulizers, powders, etc., with which one is usually confronted.

For the object in view, the author is to be congratulated for putting in so readable a form this work, which is commended particularly to the general practitioner.

K. O. F.

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**A MANUAL OF HYGIENE AND SANITATION.** By Seneca Egbert, M. D. New (3d) edition, enlarged and thoroughly revised; 12mo., 426 pp., with 86 illustrations. Cloth, \$2.25 net. Lea Bros. & Co., Publishers, Philadelphia.

This book has won for itself a position among the best works on Hygiene. Its recent revision has brought it up to an equal standing with any text book that is in use at this time. All the subjects that are embraced under the title of "Hygiene" are plainly and thoroughly treated. Every physician should own a copy and study it well.

J. R. S.



## THUJA. Arbor Vitae.

A coniferous tree, known also as Yellow Cedar and Tree of Life. The parts used in medicine are the twigs and small leaflets.

**HISTORY.**—Thuja has a European reputation. Boerhaave employed distilled water of Thuja; Hahnemann introduced Thuja into the Homeopathic school; Schoepf, in 1785, commended it in scurvy; Peter Kalm reports that the bark and leaves were used locally in Canada, and other early authorities testified to its value. It was introduced into Eclecticism by Dr. Dickey, in 1862, through an editorial by Dr. Scudder, and then lay dormant until Prof. Howe, in 1880, began his study of the drug, which attained its popularity through his enthusiastic commendation of it.

### SPECIFIC THUJA.

The preparation made by us for Dr. Howe was an alcoholic liquid, purified of inert extractive matters, he desiring to inject it in hydrocele, and otherwise use it in surgery where extractives were not admissible. To this he applied the name Lloyd's Thuja. When the preparation came into established use it was given a place in the Specific Medicine list, thus making Lloyd's Thuja and Specific Thuja identical.

**SPECIFIC USE.**—Internally as a stimulating remedy in tenesmus and dribbling of urine in the aged, and in nocturnal incontinence.

**R.** Thuja, ℥ss to ℥ijj.

**Water,** ℥iv.

**MISCE.**—Teaspoonful every one to three hours.

Locally, the undiluted Specific Medicine to chronic skin affections, warts, and obstinate condylomata, and to cancerous, syphilitic, and scrofulous growths. As an injection in Hydrocele, after withdrawing the serum, use equal parts of Thuja and warm water, kneading the scrotum well that the mixture comes in contact with all parts.

### LONG'S THUJA.

Owing to the irritating action of alcohol in the eye and in broken surfaces where the stimulating action of Thuja is desired, we prepared for D. Thomas Long, Topeka, Kan., a preparation in unctuous condition, free from alcohol, and known as Long's Thuja, to be used where alcohol would be objectionable and oleaginous agents not ad-

missible. When non-alcoholic Thuja is ordered, we give this preparation.

**USES.**—For trachomic lids, apply locally to the affected part, the smarting sensation will soon subside. Repeat as necessary. It will readily mix with vaseline, and can be diluted in that way.

### AQUEOUS THUJA.

In some instances where alcohol is not admissible and a fatty substance not desirable, an aqueous solution of Thuja is employed under the name Felter's Thuja, Professor Felter having first used it. This preparation is an aqueous solution of the soluble principles of Thuja, destitute of the resin and fixed oils of Thuja, and can be used with an atomizer in spraying the throat, and otherwise where such a preparation is desirable.

**USES.**—Apply locally or by atomizer in the throat.

### OIL OF THUJA.

By distillation of Thuja in water, a colorless volatile oil of camphoraceous odor is obtained. It is destitute of astringency, and resembles the oil of Cedar and Tansy.

An extractive fixed oil of Thuja of a deep green color, of a strong aromatic odor, both astringent and stimulating, has been made by us for some years under the name Oil of Thuja. This can be used to mix with vaseline to make a stimulating ointment similar to Long's Thuja.

**USES.**—Mix with ten to sixteen times its bulk of vaseline and use as directed for Long's Thuja.

The preparations of Thuja are aseptic, astringent, stimulant.

Send for pamphlet giving full and complete uses of Thuja in medicine.

**LLOYD BROTHERS, Cincinnati, Ohio.**

## Concerning Soaps.

Poor soaps are dirty.	<i>Asepsin Soap</i> is clean.
Dirty soaps are conducive to disease.	A clean soap is as necessary to health as is clean clothing or clean food.
Poor soaps are scented. This is necessary to cover filth in the stock.	<i>Asepsin Soap</i> is not scented. Its slight fragrance is due to pure asepsin.
Scented soaps leave their odor on the skin.	<i>Asepsin Soap</i> leaves no scent whatever.
The adhering odor of scented soap after bathing suggests that the foreign substance is necessary to cover a body odor.	Persons using <i>Asepsin Soap</i> escape this reflection.
Soaps that leave their own odor contaminate the skin. A soap smell is impurity and impurity is dirt.	<i>Asepsin Soap</i> leaves the skin clean and free from any odor whatever. It does not replace one form of dirt with another.
Poor soap becomes rancid and irritating. Scent will not prevent rancidity.	<i>Asepsin Soap</i> keeps unchanged for years.
Rancid soaps should not be used at all, much less on the skin of children.	<i>Asepsin Soap</i> can be used on newborn infants and for this purpose is highly commended by physicians.
A dirty soap may add a dangerous impurity or carry disease.	A clean soap is necessary in any skin medication. As such <i>Asepsin Soap</i> is rational.
Impure soaps should not be used at all. They are dangerous in skin diseases or in surgery.	<i>Asepsin Soap</i> has an enviable reputation, thousands of physicians recommend it as a Toilet Soap; as a medicinal soap; in cutaneous diseases; in surgery; in gynaecology.

**PRICE.**—*Asepsin Soap* is sold by dealers at 15 cents a cake (three cakes in a box), \$1.40 a dozen package. It is carried by all Wholesale Druggists and by all our agents.

LLOYD BROTHERS, Cincinnati, O.

**RED-HEAD: a Story of Feud Life in Kentucky.** By John Uri Lloyd. 8vo, 208 pages, illustrated. Cloth, \$1.72, postpaid. Dodd, Mead & Co., publishers, New York.

Again we are led, by Professor Lloyd, among our old friends of Stringtown, and renew acquaintance up and down the pike, with Sammie and gentle Judge Elford, and with that sympathetic bit of nature, the comforting driver of the old stage coach. The pathetic feature of Red Head "hunted nigh 'bout to death," and starved in all emotions that tend to make child-life, awaits us again, with sympathy for him and anger with the condition of society that could make possible such murder and ruined lives. Whether as the poet says, "the mountaineer is naturally a foe to the gentler genius of the plain;"—whether melancholy and intense subjective life is induced by constant contemplation of forbidding rocks and everlasting hills, or whether it is simply a question of heredity, let Mr. Lloyd determine. It is, as he says, a remnant of mountain life, a touch of primitive color, and, as such, interesting to us all. The book comes beautifully illustrated by Birch.

MATTIE SCUDDER TWACHTMAN.

**THE STORY OF RED HEAD.**—It is evident that in this complete story of "Red Head" of Stringtown on the Pike, Prof. Lloyd has both neglected formalities, and been indifferent to the rules, regulations and conventionalities that dominate the methods of some writers. To illustrate: Some critics, learning of the proposed character study, predicted dire things in advance of the appearance of the book. Some of the favor readers shook their heads, not because the story was not intensely interesting and graphic, but because the author gave no heed to authority that preceded him. Said the one, "The public will growl because some things concerning 'Red Head' now in Stringtown are omitted." Said the other, "The public will growl because all things concerning 'Red Heaa' now in Stringtown are not omitted." But Mr. Lloyd said nothing. He worked out the story, giving the antecedents of "Red Head," as he had planned, setting his life record as seemed to the author best.

This much for the story. As concerns the "make-up" of the book, the publishers, two years ago, put the manuscript into the hands of one of their most renowned illustrators in New York, Mr. Reginald Birch, with power to make "Red Head" the most artistic gift book of 1903. This Mr. Birch accomplished, and then the celebrated University Press of Boston did for it their most exquisite book work and binding. "*Red Head*" is the *Leading Holiday Book of 1903*.

What say the critics now? What say the Public? The most sympathetic and eulogistic criticisms are the rule. The story is praised as "The acme of realism," from Maine to Florida, and from ocean to ocean. The reader now perceives that the fragments taken from Stringtown were absolutely necessary to make "Red Head" complete, and to preserve Stringtown, while none even suggest how the added



portions could possibly have been left out. Libraries state that the demand for "Red Head" is enormous, book-sellers, that "Red Head" has a run that, for an elegant book, is unprecedented, while the publishers were more than surprised to find the first edition, a large one, go off, as they state. "like a shot." "Red Head" was out of the New York market in a week from the date of publication. And in it all the question is asked, "What does Professor Lloyd say?" Nothing. He gets to his laboratory every day, early in the morning, he remains there attending to details of drug manufacturing until night. He gets letters from the very highest men in the country, and gives them no more concern than those from an unknown questioner, or from a child. Indeed, the latter is much the more likely to receive an autograph letter in reply. "Red Head" is behind him. His work on "Red Head" ended when the book came to the reader. J. K. SCUDDER.

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A TEXT-BOOK UPON THE PATHOGENIC BACTERIA.—For students of medicine and Physicians. By Joseph McFarland, M. D. Octavo of 629 pp.; illustrated. Philadelphia: W. B. Saunders & Co. Cloth \$3.50 net.

This revised edition of the above author's well-known text book has been greatly enlarged and much new matter added to keep up with the discoveries continually being made in bacteriology. This is probably the best known of all the text-books on this science. It contains the usual technique found in this class of text-books, such as instruments, stains, growth, examination, etc., necessary for performing the actual work. It describes the pathogenic bacteria only as these are the species that are of special importance to students and practitioners. The book is thoroughly up to date, and this is the most important point in selecting a text-book on this subject. This is at the present time the best book for students and physicians. G. W. B.

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A COMPEND OF DISEASES OF THE SKIN. By F. Schamberg, M. D. P. Blakiston's Son & Co. Cloth, 80 cents.

The average practitioner is generally hazy on the diagnosis and treatment of skin diseases. He either classifies most eruptions as eczema or passes them on to the dermatologist without comment. This little compend is invaluable to the busy practitioner, and will clear up many vague points in skin diseases. Every doctor should have a copy. R. L. T.

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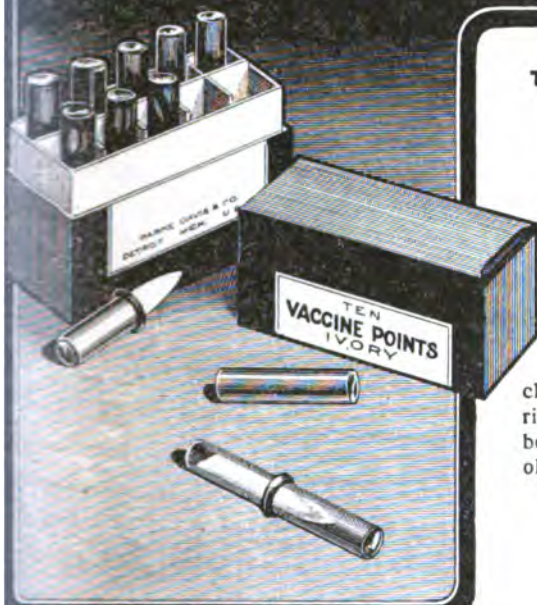
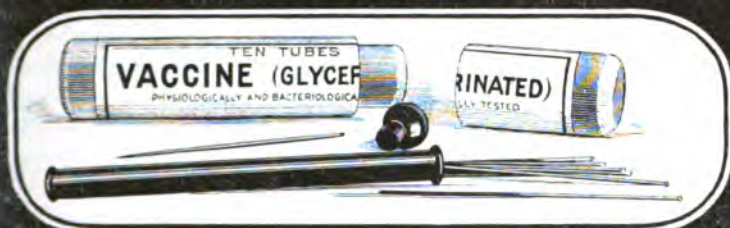
HALE'S EPITOME OF ANATOMY. By H. E. Hale, M. D. 12mo, 384 pp., with 71 illustrations. Cloth, \$1. Lea Bros. & Co., Philadelphia.

This is a good condensation of the facts of anatomy presented in a very readable form. It shows evidence of care in the treatment of subjects presented, and forms an excellent manual for reviewing and condensing the lessons in anatomy after a careful study of more extended works. This, we contend, is the proper use of such compends,

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and for this purpose only they are highly useful. We commend this book for its directness and clear descriptions, and because it is well shorn of the excess of matter of little practical character often introduced into our text-books on anatomy.

H. W. F.

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**THERAPEUTICS; PREVENTIVE MEDICINE; CLIMATOLOGY; FORENSIC MEDICINE.** By George F. Butler, M. D. Year Book Publishing Co., 40 Dearborn St., Chicago. Cloth, 1.50.

This volume of the "Practical Medicine Series of Year Books" compares favorably with the preceding volumes. The section on *Materia Medica* and Therapeutics does not show very much study of indigenous remedies. For example, five lines are devoted to *echinacea*, the only use suggested being an injection for hemorrhoids. The synthetic products, however, receive more attention. The other sections of the volume are some better.

R. L. T.

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**PRACTICE OF MEDICINE.** By James M. Anders, M. D. W. B. Saunders & Co., Philadelphia. Cloth, \$5.50.

Having reviewed at some length the fifth edition of Anders' Practice, there is but little to add to the new sixth edition. The classification adopted in previous editions has been preserved. The mosquito-borne diseases, malaria and yellow fever, have been thoroughly discussed, and the latest knowledge to date has been recorded. That a new edition has been called for in less than two years, should speak volumes for the work. I regard Anders' Practice as one of the best on the market.

R. L. T.

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**A TEXT-BOOK OF PATHOLOGY** By Alfred Stengel, M. D. Octavo, 933 pages, with 394 text illustrations. Philadelphia: W. B. Saunders & Co. Cloth, \$5.00 net.

Perhaps no more praiseworthy commendation of this work can be made than to say that it is practical; that is, the subject is presented from a clinical point of view. The pathology of individual organs and tissues is treated clearly, concisely, and yet thoroughly. A number of new illustrations, including excellent plates, have been added. It is an excellent book for either student or practitioner.

R. L. T.

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**A HANDBOOK OF OBSTETRIC NURSING, for nurses, students and mothers.** By Anna M. Fullerton, M. D. Price, \$1. P. Blakiston's Son & Co., Philadelphia.

The methods of procedure advocated in this book are those observed in the Maternity of the Woman's Hospital of Philadelphia. The work is well illustrated, including 45 wood cuts. The present is the sixth edition, and is divided into fifteen chapters, fully covering the subject. It will be found useful not only for the guidance of the nurse, but of patients and mothers as well.

R. C. W.

**DISEASES OF THE URINARY ORGANS**, including Diabetes Mellitus and Insipidus. By Clifford Mitchell, M. D. Illustrated; 716 pp. Linen, \$4.90. Philadelphia: Boericke & Tafel.

The author states that this work is written for the general practitioner, giving special information for the purpose of making a correct diagnosis of the diseases of the urinary tract. Special attention is given not only to the symptomology, but also to the treatment of the organs. The intention of the writer evidently is to aid in an early recognition, not only of non surgical, but of surgical diseases, hoping thereby to save many cases that, through neglect, might not have been benefited or saved.

Certainly, the simplicity of language and classification should make the work of differential diagnosis comparatively easy. The grouping of symptoms of different portions of the body, and of the various organs, conduces in a marked degree.

The influence of the different diseases on the eyes, ears, tongue, face, etc., are the classical signs; but too often are unknown to the general practitioner; hence, are overlooked or considered of no importance.

The treatment, as is to be expected, is based on homeopathic principles, and is well carried out. The work is one which should have a ready sale, as the subject is an important one, and the work is meritorious.

K. O. F.

**A TEXT-BOOK OF OBSTETRICS.** By J. Clarence Webster, M. D. Octavo; 767 pp., with 383 illustrations, 23 in colors. Philadelphia: W. B. Saunders & Co. Cloth, \$5.

This work has been written for the student of obstetrics, as well as for the active practitioner. The anatomic changes accompanying pregnancy, labor, and the puerperium are described fully and lucidly. The exposition of these sections is based mainly upon studies of frozen specimens. Unusual consideration is given to embryologic and physiologic data of importance in relation to obstetrics. Diagnosis and treatment are presented with exactitude and clearness. The illustrative feature of the work is above the average. Many illustrations are entirely original, having been made especially for this work. The work throughout expresses the most advanced thought of the day, and the statements can be relied upon as accurate. We heartily recommend Dr. Webster's book to student and practitioner. R. C. W.

**THE PHYSICIANS' VISITING LIST** (Lindsay & Blakiston's) for 1904. Fifty-third year of its publication. Price, \$1 net. P. Blakiston's Son & Co., Philadelphia.

The edition of this old-time Visiting List for the New Year is up to the present in every particular. It compares favorably with and is fully the equal of former numbers. Each page gives space for twenty-five patients per day for the year. In addition, there will be found the usual tables, signs, antidotes for poisons, etc. Also blank leaves

for addresses of patients and nurses; accounts; obstetric engagements; records of births and deaths; cash accounts, etc. It is neatly bound, of convenient size for the pocket, and will be found well adapted to the purposes for which it is designed. R. C. W.

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**ATLAS OF THE EXTERNAL DISEASES OF THE EYE.** By Prof. O. Haab, of Zurich. Second edition, thoroughly revised. Edited, with additions, by G. E. DeSchweinitz, M. D. With 98 colored lithographic illustrations on 48 plates, and 232 pages of text. Philadelphia: W. B. Saunders & Co. Price, \$3 net.

The necessity for a second edition of this work in so short a time is conclusive evidence of the favor with which it has met. In this edition several new plates have been added, and the text revised, to bring the work up to date. The reviewer can only reiterate what was said regarding the first edition, as it supplies a very complete clinical picture of the diseases given, and is invaluable to both the specialist and general practitioner. K. O. F.

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**WATHEN'S EPITOME OF HISTOLOGY.** A Manual for Students and Physicians. By J. R. Wathen, M. D. 12mo, 220 pp.; 114 illustrations. Cloth, \$1 net. Lea Bros. & Co., Pubs., Philadelphia.

This little book contains a vast amount of useful knowledge in a condensed form; yet quite complete. There is no superfluous matter. The chapter on staining, particularly, is to the point, plain and easily understood. The illustrations are clear and good. Students and physicians wanting a small book on normal histology can not get a better or more useful book at so small a cost. J. L. P.

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**CLINICAL EXAMINATION OF THE URINE AND URINARY DIAGNOSIS.** By J. B. Ogden, M. D. Second revised edition; octavo, 418 pp., illustrated. Philadelphia: W. B. Saunders & Co. Cloth, \$3 net.

In make up and style this book is up to the standard published by W. B. Saunders & Co. Print clear and distinct; cuts and engravings good. The book is divided into two parts, Chemical and Microscopic Examination and Diagnosis, making it a handy reference work, having in consecutive form what would necessitate search through many volumes on different subjects.

Part I—Chemical and Microscopic Methods and Materials used—is complete, details given in full, and any physician or student wishing to go extensively into urinalysis, and who does not understand thoroughly the technique will find what he needs here.

Part II—Diagnosis: Differential diagnosis, treating of the peculiarities of the urine in different diseases and conditions, both surgical and medical, is clear and distinct. No treatment given. It is a good book and well worth the price asked. J. L. P.



## PERSONALS.

Married, Dr. Clarence L. Freidline, E. M. I. '03, Nov. 24th at Somerset, Pa., to Miss Nan Pritts. Dr. Freidline is located at Summerhill, Pa. and is doing well, and the Journal extends congratulations to the new couple.

Died, Nov. 15, at Lebanon, Mo., Dr. Thomas A. Barr, E. M. I. '64.

Died, At Oakland, Cal., Dr. W. O. Buckland, A. M. C. '81.

Died, at Albuquerque, New Mexico, Dec. 3, 1903, Dr. Phineas Cleverdon, E. M. I. '99.

Died, at Detroit, Mich., Nov. 11th, age 39 years, William Matthew Warren, general manager of Parke, Davis & Compauy. Mr. Warren had hardly entered his fortieth year and had been connected with the firm in various capacities since the age of 17. He had been general manager for the past seven years and was well liked by all who met him, both in business and in a social way.

Dr. J. E. McCabe, E. M. I. '03, passed the Indiana Board last July and is now located at Buck Creek, Ind., where he is doing well.

Dr. W. W. Tindall, E. M. I. '03, passed the Indiana State Board in July, and is now located at Carthage, Ind., where he is doing well.

Dr. C. W. Seely, E. M. I. '03, was successful in passing the examination before the W. Va. Board on Nov. 11th last, and is now located at Wileyville, W. Va. He has furnished the Journal with the set of questions used, which are printed in this issue of the Journal.

The second semi annual examination of the California State Medical Board was held in December. There were 69 applicants for license of whom 47 passed, 6 were conditioned and 16 failed. We shall probably print the list of questions in the next issue of the *Journal*.

Dr. C. W. Beamen, E. M. I. 1903, who was formerly located at Celina, has moved to Columbus, and become assistant of Dr. F. O. Williams. He has joined the Central Ohio Society and is doing well in his new location.

For sale, books, instruments and operating table of the late Dr. Phineas Cleverdon. For particulars address H. F. Cleverdon, 134 W. South street, Fostoria, O.

For Sale; twenty-nine volumes of the Eclectic Medical Journal bound in half Morocco, up to and including 1893. Address Dr. Chas. H. Rose, Cordova. Md.

*Locations.*—Good Eclectic physicians are wanted at Gettysburg, S. Dakota and also at Oneida, S. Dak. For particulars address the Postmaster or Druggist at either place.

I desire to correspond with some physician who is looking for a good country location. Address, with stamp, A. B. Yarnall, Burlington, Colo.

FOR SALE.—I have a good home and practice for sale, and it is in one of the most beautiful valleys in the South. It is at Magazine, Arkansas, on the Choctaw, Oklahoma, and Gulf Railroad. I have a good house with nine rooms, good barn, wells, etc. Have a good practice; will turn the whole thing over to some good Eclectic. I want to go to California. I will certainly give some one a bargain. Apply at once.

T. J. DANIEL, Magazine, Ark.

### READING NOTICES.

We would not banish opium. Far from it. There are times when it becomes our refuge. But we would restrict it to its proper sphere. In the acute stage of most inflammations, and in the closing painful phases of some few chronic disorders, opium in galenic or alkaloidal derivatives, is our grandest remedy—our confidential friend. But here the application should cease; and it is just here that the synthetic products step in to claim their share in the domain of therapy. Among the latter, perhaps none has met with so grateful a reception as Antikamnia Tablets, and justly so. Given a frontal-temporal-vertex or occipital neuralgia, it will almost invariably arrest the head-pain. In the terrific fronto-parietal neuralgia of glaucoma, or in rheumatic or post operative iritis, they are of signal service, contributing much to the comfort of the patient. Their range of application is wide. They are of positive value in certain forms of dysmenorrhea; they have served well in the pleuritic pains of advancing pneumonia and the arthralgias of acute rheumatism. They have been found to allay the lightning, lancinating pains of locomotor ataxia, but nowhere may they be employed with such confidence as in the neuralgias limited to the area of distribution of the fifth nerve. Here their action is almost specific, surpassing even the effect of aconite over this nerve.—*National Medical Review*.

Very many of our readers know, by reputation, at least, Dr. A. H. Ohmann-Dumesnil, one of the foremost physicians of St. Louis. From a letter of recent date we are permitted to quote the following, which we do with pleasure: "I needed a roborant, and took, with much benefit to myself, Hagee's Cordial of Cod Liver Compound. Since then, I have had occasion to use it in a number of cases of grippe, and in all of them the results were of the best. The action of this preparation is rapid and thorough; and in a remarkably short time a case is recovered. In a number of post-grippal cases in which enteric neuralgia, bronchial involvement, and a number of nervous symptoms manifested themselves I found this preparation equally effective. It is an excellent up-builder and rapidly restores to its former condition the weight which has been diminished by the waste of tissues consequent to grippe." This is certainly very high praise from an eminent authority.—*Mass. Med. Jour.*

Daniel's Conc. Tr. *Passiflora incarnata* is indispensable in the treatment of nervous diseases. For diseases of women, where extreme nervousness is encountered and a gradual wasting away is discovered, and especially during the menopause, it can always be depended on.

*Passiflora* is used with exceptional success in dentition, relieving the irritability of children and enabling them to sleep soundly. Whenever a nerve calmative is required, in insomnia, St. Vitus Dance, restlessness, hysteria, typhoid fever, etc., *Passiflora* exerts a wonderful curative influence. Its effects are prompt, and, unlike the opiates, display no deleterious results on the patient.

In the treatment of nasal catarrh, Mannon (*Cincinnati Lancet-Clinic*) finds no danger whatever from the use of the nasal douche, provided ordinary care is taken and a proper solution is employed. The charge that post-nasal douching is prone to excite inflammation of the middle ear, he does not find sustained. All leading specialists employ this method of treatment in the posterior as well as the anterior nares with equally good results. The doctor has had chronic catarrh of many months duration yield to douching when heroically employed. Listerine to which a small quantity of bicarbonate of soda has been added is his main standby. If hemorrhage is a controlling feature, he uses a saturated solution of tannic acid, to each ounce of which ten grains of carbolic acid has been added. When the tendency to bleed ceases, he returns to the Listerine solution. Treated in this way, the most pronounced cases yield in three or four weeks, and are not prolonged by complications or sequelæ.

A rigid condition of the cervix uteri is one of the frequent causes of tardy labor, and therefore greatly enhances the dangers of parturition. In most instances this condition is due to a spasmodic contraction of the uterine muscles which is particularly liable to occur in women of nervous disposition. In these cases Hayden's Viburnum Compound is a well tried and invaluable remedy. Its anodyne and antispasmodic effects are strikingly exhibited, the rigid tissues becoming relaxed, labor progressing satisfactorily, and the general restlessness of the patient being allayed. A dose of one dessertspoonful, followed by a teaspoonful every half hour if necessary, usually does away with the necessity of dilatation, if there is no mechanical obstacle, such as cicatricial tissues or the presence of a tumor.

I have used "Aletris Cordial Rio" for menorrhagia and dysmenorrhea, and find it an invaluable remedy as a uterine tonic. The Aletris Cordial Rio has for a number of years been a great favorite with me in derangement of the female reproductive organs; therefore I recommend it as a tonic in uterine troubles, as it will give satisfaction to those afflicted with such diseases.

C. A. GOSHEN, M. D., Petaluma, Cal.





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## ORIGINAL COMMUNICATIONS.

### PNEUMONIA.

By W. N. Mundy, M. D., Forest, Ohio.

**W**E understand by this caption that it is lobar pneumonia that is to be described. It is also known as croupous, fibrous pneumonia, pneumonitis or lung fever. There is another form known as broncho-pneumonia or capillary bronchitis. The first is classed as an infectious disease, and is said to be due to the micrococcus lanceolatus, which produces a specific inflammation of the parenchyma of the lung, attended with the usual symptoms of an acute inflammation. The usual termination of these acute symptoms is by a crisis.

*Etiology*—Sporadic cases of pneumonia constantly occur, and endemic outbreaks have been noted, the cause for which was unassignable, except it be unsanitary surroundings or conditions. Epidemic influences sometimes prevail, and we have seen two or more severe outbreaks occur in a neighborhood the cause for which was unaccountable.

The disease prevails in all climates and sections. We are convinced, however, that climatic conditions govern in no small measure its type. Pneumonia as it prevails in the eastern section of this country, along the coast and along the great lakes, is certainly of a more severe type than we are accustomed to see farther inland.

Whatever influence is exerted by season is no doubt due to sudden changes of temperature and humidity, as the greater number of cases occur during the fall and spring, when atmospheric changes are sudden and of a wide range. Catching cold is a popular etiological antecedent of pneumonia, and it is no doubt a potent cause. Age and

sex, so far as our personal knowledge goes, have but little bearing on its frequency, yet the later in life it occurs the greater is its fatality.

The mode of infection by means of the micrococcus is thought to be by inhalation. Its primary effects are therefore local; then the toxins become diffused throughout the system, producing the general symptoms.

*Pathology.*—The lesions of pneumonia are generally confined to one lobe; occasionally an entire lung, and still more rarely both lungs may be involved. The lesions are usually described as consisting of three stages: (1) That of congestion or of engorgement; (2) red hepatization or consolidation; and (3) gray hepatization and resolution. While this is the usual course, it may be considerably prolonged by unfavorable terminations or complications.

The first changes that occur in the stage of congestion is a turgescence of the interlobular capillaries, with the escape of a viscid, reddish serum, that occupies considerable of the breathing space. The lung now seems enlarged, dark red in color, and firm to the touch. Upon section a frothy, red liquid can be squeezed from it. It is less spongy, and is heavier than normal.

As consolidation progresses, the air cells which previously admitted some air, notwithstanding the transuded serum, become completely filled with the products of inflammation, which is of a fibrin formation. As the exudation is red in color, it is called "red hepatization." The lung is now heavy, solid dark red; the cut surface has a granular appearance and allows the escape of some serum but of no air. The lung now sinks in water.

Usually this stage terminates by the gradual subsidence of the hyperemia, and the liquefaction of the products of the inflammation. The subsidence of the hyperemia, the loss of the red cells, and the appearance of the leucocytes, change the color of the lung, and it becomes grayish in color—"gray hepatization." This is the beginning of the recovery. Shrinking and softening of the exudate occurs, and the restoration of the lung to its normal condition takes place by expectoration and absorption.

The pleura is usually affected in pneumonia, and appears thickened and opaque. There is generally some pleuritic effusion, which is absorbed, and is not infrequently followed by adhesions.

Unfortunately pneumonia does not always pursue such a favorable course; abscess or even gangrene may result; the heart may become secondarily involved, and a peri- or endo-carditis may result.

*Symptoms.*—Rarely is the onset of pneumonia preceded by prodromal symptoms, but on the contrary is usually abrupt. The rigor is severe, lasting from a half hour to an hour, during which time the patient is very ill. The fever rises rapidly, often reaching to 105 or 106° or even higher. The skin is hot and dry, the face flushed, and the cheek on the affected side frequently shows a deep-red spot. The prostration is marked, and headache and nervous symptoms accom-

pany the fever, as well as the other usual febrile symptoms, such as the dry tongue, scanty and high colored urine, etc.

The thoracic symptoms follow quickly after the chill; respiration is increased, and a deep inspiration produces a sharp pleuritic pain; the pain persists, the respirations become jerky and shallow, and even panting, reaching 40, 50, or even 60 per minute. Cough begins early, dry and painful at first; it becomes easier with the advent of expectoration, which usually presents the characteristic rusty or blood-stained appearance. The physical signs do not appear until the second or third day.

The patient usually lies upon the affected side until the pain has quite or entirely subsided, when he assumes the dorsal position. Herpes frequently appear upon the lips and nose.

The temperature is of the continuous type; the remissions being slight, until the fifth or tenth day, when it terminates by crisis. The respirations are increased in frequency and are a characteristic feature; they vary from 40 to 60 a minute. In children a respiration of 60 a minute is no uncommon occurrence in this disease. The respirations are panting in character, and are often accompanied with a grunt, indicating oppression, whilst actual dyspnea is not uncommon.

Pain in the affected side is developed within a few hours after the chill. It is usually referred to the region of the nipple, or in the axilla. It is stabbing in character, and is aggravated by the cough. It is caused by the implication of the pleura. The sputa at first mucoid and frothy, soon becomes of the characteristic rusty color. It is viscid and tenacious and is expectorated with some difficulty, owing to these characteristics. As resolution progresses it becomes more purulent and easier of expulsion. There are exceptions to these rules. At times the expectoration consists largely of blood-stained mucus. In severer forms of the disease it may be thin and of a dark, prune-juice color. The temperature after the chill rises very rapidly, and assumes the continuous type, terminating by crisis on the fifth to the seventh day; the remissions are slight, not usually over a degree. Occasionally it may assume a remittent type. The temperature, as we said, rises rapidly, reaching from 104 to 107°, and when the crisis occurs, falls just as rapidly to normal or slightly below. This rapid fall usually occurs during the night. We have seen by the bedside and witnessed a decline from 106 to 99° take place in four hours. This rapid decline is followed by a copious perspiration. Should the elevation of temperature persist for an indefinite period, it is either due to a delayed resolution or some complication. In a recent case it was due to empyema. The circulatory symptoms are of interest, owing to the danger of a complicating pericarditis. The average pulse-rate is from 108 to 120, though we have seen it exceed even this. When above 120 it is a good cause for alarm and caution. The pulse at first small, becomes full and bounding. When there is a complete and extensive resolution it again becomes small.



Headache is an early and persistent symptom. In children convulsions often usher in the disease. Delirium may occur, but our personal experience has been, that consciousness has been generally retained throughout the entire attack.

*Physical Signs.*—During the stage of congestion, inspection reveals the impaired movements of the affected side, as well as the increased respiration. The percussion note may be normal or tympanitic; auscultation reveals the breath sounds weak over the affected surface, whilst over the sound or healthy lung it is exaggerated. Subcrepitant rales are heard in the smaller bronchi, and toward the close of this stage the characteristic and so-called diagnostic crepitant rales may be heard.

*Consolidation.*—Inspection shows but little or no expansion of the affected lung, which fact is better revealed by palpation. Vocal fremitus is usually increased. Percussion demonstrates varying degrees of dullness corresponding with the degree of consolidation. A sense of resistance is also conveyed to the finger used as the pleximeter. On auscultation we hear bronchial or tubular breathing over the area of consolidation. Broncophony is also generally heard over the portion of the lung not solidified.

When resolution begins the contents of the air cells liquefy and are removed; inspection then shows a return of the movement of the affected side. Percussion reveals a lessening of the dullness, although at times this remains long after apparent recovery. With the liquefaction of the products of the inflammation, the crepitant and subcrepitant rales return, whilst in the bronchial tubes mucous rales are heard, and finally there is a return of the broncho-vesicular, and then the normal breathing.

Pleurisy is probably the most frequent complication, if indeed it can be classed as such at all. In nearly all, if not indeed in all cases, there is some degree of pleuritic inflammation, the direct result of the pneumonic inflammation. In some cases the pleuritic inflammation seems to overshadow the pneumonic, when it is classed as pleuropneumonia. In a recent case the pleuritic complication was the most distressing and alarming feature of the trouble, resulting in a copious effusion, which naturally interfered with and prolonged convalescence. Empyema may result from the pleurisy and prove a troublesome complication. We have on hand a troublesome case of this description at the present time. After the crisis had apparently passed, the opposite lung became involved, with a return of the pleuritic pain in the lung first affected; there was a rapid rise of temperature and a return of all the distressing symptoms. The fever was more remittent in character than at first, but there were no hectic chills. An incision was made for the evacuation of the pus, but recovery has been both slow and tedious.

Bronchitis and pericarditis are also complications. The latter is a most serious one. It is said to result from an extension of the inflammatory process in the adjacent pleura.

The disease lasts from ten days to three weeks when resolution occurs normally and is complete. Convalescence may be greatly prolonged however, and its regular course modified by various complications.

*Diagnosis.*—The diagnosis is determined by the general and local symptoms, in connection with the physical signs. The abrupt onset, the rapid rise of temperature, chest pains, rapid respiration, cough and expectoration, together with the physical signs of consolidation, are diagnostic.

The diseases from which pneumonia is to be differentiated are broncho-pneumonia and pleurisy with effusion. In broncho-pneumonia, the onset is gradual, the fever intermittent in type, the sputa glairy and tenacious. There is dyspnoea and possibly orthopnoea. The physical signs of bronchitis are present and overcome those of consolidation. It is also bilateral.

In pleurisy with an effusion, there is the sharp stitch-like pains; frequent irritating cough, moderate fever, distension of the thorax. Dullness with resistance, changing with the change of position of the patient, if the sac be partially full. Displacement of the neighboring organs; diminished or absent breath sounds. Aspiration yields serum.

*Prognosis.*—The prognosis is dependent upon various conditions. Among these are to be considered the severity of the type; temperature range; age and the presence or absence of complications.

An extensive area of consolidation or the involvement of both lungs, belong to a severe type of the disease. A continuous high temperature for several consecutive days without any intermission is a significant symptom. The mortality increases with age and after the fiftieth year it is very fatal.

*Treatment.*—The general treatment of pneumonia embraces the recumbent position in bed, in a well aired room for at least a week after the crisis has passed. This precaution is necessary to insure a full and complete resolution.

Were we to sum the medicinal treatment of pneumonia in a few words, it would embrace about these three remedies; *sp. veratrum*, *bryonia* and *asclepias tub.* We believe these three remedies will accomplish in this disease nearly all there is to accomplish.

*Sp. veratrum* is the remedy for the sthenic inflammations. The full bounding pulse is its indication. It is the remedy for of the serous membranes. It is also a heart remedy of no mean value, and as peri- and endo-carditis are at times serious complications of pneumonia, its early administration tends to prevent them. It is of most value in the early stages of the disease. It is also of equal value should there be any involvement of the pleura.

*Sp. bryonia* is a remedy second only in value to *veratrum*. When there is any pleuritis, no matter how slight it may be, it is used either with or in alternation with the sedative. Its indications are the sharp,

sticking pains. Its value as a remedy does not disappear with their cessation, but continues until the effusion has become absorbed.

*Sp. asclepias*, though said to be the child's diaphoretic, is of equal value in the adult, especially in disease of the respiratory organs. It is also indicated by the sharp, cutting, darting pains. The patient moans or groans with every breath; in other words respiration increases the pains. We usually combine it with the *bryonia*, giving them in alternation with the sedative mixture.

These embrace the principal remedies. We may have a case calling for others, which may be combined with or replace any of the former. We are not a believer in polypharmacy, and but few prescriptions embrace more than two remedies. Many only one. This to our mind makes the study of therapeutics more exact. Some of cases may call for *sp. aconite*; the pulse may be small and rapid. It may be that late in the disease when consolidation has become more complete this remedy would replace the *veratrum*.

Nervous symptoms may predominate; the patient may have a flushed face, bright eyes, and be delirious, when *gelsemium* would be combined with the *aconite* or *veratrum*. Should there be sharp frontal headache with prominent papillæ of the tongue. The pains sharp and of a burning character, *sp. rhus tox.* would replace the *gelsemium*.

Later when the cough becomes a prominent feature, *sp. lobelia* or *ipæcac* embraces all the expectorant mixtures we desire. We firmly believe much harm results from the use of expectorant mixtures, especially when they contain any preparation of opium, which they usually do. Recently we saw a case of meningitis result from the use of a very commonly used expectorant. The cough it is true ceased; but the temperature increased, the pulse increased, the patient had convulsions followed by a coma and a severe case of meningitis ensued; the patient hovering between life and death for a fortnight.

Complications call for other remedies, which time does not permit me to enumerate. Stimulants are frequently needed. In twenty years practice we have never witnessed a so-called case of heart failure in pneumonia. The query has often suggested itself to me: might not the too frequent administration of the coal-tar products be responsible for many of the fatal cases of heart failure, and not the inflammatory process? Should the pain be too severe, a few doses of Dover's or the diaphoretic powder usually suffices. Seldom do we have to resort to the hypodermic injection of morphia.

Locally we still prefer the dry heat. The cotton jacket covered with oiled silk is still a favorite local application. The hot salt pack, or hot water bottle may be as good, yet we prefer the former. When there is much pleuritic pain, a plaster of *libradol* has relieved with singular promptness. Complications must be met with as they arise. One patient during the past year, developed empyema necessitating

a free incision. In another the pleuritic complication proved to be the most distressing and alarming feature. Whilst in the third, as previously mentioned, a meningitis developed. We hold the same principles hold true in pneumonia, as in any other disease, each case is a study unto itself and of necessity requires special study and appropriate treatment. No stereotyped or specific treatment for pneumonia. The specific treatment lies in the meeting successfully special features or symptoms as they arise with the appropriate remedies.

#### LOCAL SPECIFIC INDICATIONS IN THE TREATMENT OF DISEASES OF THE CERVIX UTERI.

By Prof. R. C. Wintermute, M. D., Cincinnati.

**P**ROBABLY no class of cases is more frequently encountered by the general run of physicians, especially as office consultations, than subacute or chronic disorders of the uterus. The cervix is the source and location of the trouble in a large proportion of the cases, and it is of this that we desire particularly to treat at the present time, together with such additional circumscribed lesions of the adjacent parts as may be amenable to local or topical treatment. The fact that the cervix is prone to various diseases, and often the seat of lesions that demand direct treatment, is rendered clear in the following quotation from Dr. Gilliani's recent work on gynecology:

"The cervix, from its position, is exposed to many deleterious influences, and is consequently very often the seat of inflammatory reaction. It participates in many of the inflammatory conditions of the body of the uterus, transmits the acrid secretions from the uterine cavity, and is affected by them, and is furthermore subject to the lacerations and contusions incident to childbirth.

"It is also subject to injury from the vaginal side, as in coition, masturbation, the various manipulations incident to examination and treatment, and in the fitting and wearing of pessaries. It is exposed to the influence of pathogenic germs, gonorrheal or septic, which are introduced from without or are residual in the vagina. Here, as in the body of the uterus, it is the lining membrane that is most frequently and most affected; but by reason of the anatomical structure of the cervix, the inflammatory changes more readily extend to the deeper parts, and often involve the entire cervical structure. It should be remembered that the cervix is merely a sphincter, guarding the outlet of the uterine cavity. It has no intimate connection with or influence on surrounding structures; is sparsely supplied with lymphatics, and these do not traverse important or inflammable structures. Consequently the ultimate results of a cervical inflammation are in no way comparable to those of the uterus proper, in that they seldom pass beyond the confines of the cervical tissues. A specific or septic inflammation may, however, pass upward into the uterine cav-

ity, or even affect secondarily the vagina. The compound glands of the cervix, like the vulvo-vaginal glands, are favorite resorts for the gonorrheal germ. Here it will lurk for months, showing little activity or disposition to quit its quarters until awakened by some untoward event—excessive venery, debauchery, or traumatism—it becomes instinct with life and malignant energy. The pathogenic germ, like the Scriptural war-horse, can snuff the battle from afar, so that injury of tissue somewhat remote may call it forth. In this way gonorrheal vaginitis sometimes becomes secondary to cervical infection.”

From the foregoing the reason, as well as the frequency and extent of disorders of the uterine cervix may be, to some extent at least, accounted for. The most frequently encountered disease of the part is inflammation, and many of the other disturbances follow as subsequent developments. Inflammation may be either limited to a given area or include the entire cervix; it may involve the canal of the neck—endo-cervicitis—or the external tissues—peri-cervicitis.

This trouble may be readily revealed by the speculum, and recognized by the intense redness of the part affected. There may be a discharge, either purulent or whitish, and sometimes admixed with blood, its nature depending somewhat on the duration of the trouble and time at which it is seen. The general symptoms in the various lesions of the uterine cervix do not differ to any marked extent. They are reflex in nature, and while they may exhibit some variation in degree, owing chiefly to the peculiarities, susceptibilities, and temperament of the individual, it will be found that the several common disorders present similar characteristics and manifestations. Among the more prominent of these may be noticed pain in the sacral region, sometimes extending down the thighs; pain usually around and near the left ovary; an annoying and dull pain on top of the head (the well known uterine headache) occasionally shifting to the base of the brain. Nausea is frequently present, also loss of memory or forgetfulness, as well as disturbance of the nervous system, varying from a slight excitation or neurosis to profound hysteria.

It will thus be seen that by the constitutional symptoms nothing more than the location of the disease could be suspected, which to confirm and render a diagnosis definite, would necessitate a visual examination.

The usual internal treatment followed in these cases has been uncertain—little less than empirical, if not really guess-work, when prescribing without a careful exploration and observation of the parts affected. The old line local measures were unsatisfactory, tentative, and with many the same combination for all conditions. We desire to suggest a topical treatment based on the law of specific medication, applying the agent specifically indicated by the conditions present.

The proper method or best means of applying the remedy or treatment locally in lesions of the cervix, is by means of or through the medium of a tampon. This should be either of absorbent cotton or

lamb's wool. Considerable care should be exercised in preparing as well as in properly adjusting the tampon to the seat of the disease. Attention to size is an important factor; if too large it will prove a source of discomfort to the wearer, as well as disturb or occlude the free passage of urine through the urethra. While on the other hand, if under size it will not only fail to remain accurately in apposition, but will become displaced or expelled altogether from the vagina. It is better ordinarily to introduce it through a valved speculum, and should be as large as can be passed snugly through the same; it should then be carefully packed about the neck, with special attention to reaching the affected area. A string should be attached for the purpose of easy removal. One should guard against dislodging the tampon in removing the speculum; as it is withdrawn, a good plan is to press firmly the tampon with the uterine forceps, by means of which it was introduced.

As to the remedies now that should be used, they are but few in number, but care should be observed, however, in selecting the one specifically indicated in each case treated.

*Veratrum Vir.*—This should be selected in acute inflammation, part intensely red, frequently bleeds on the least provocation, slight discharge, albuminous or like the uncooked white of egg in appearance. Trouble usually of recent origin. Menstruation extremely painful in the beginning, flow scant, but duration of period lengthened, pain lessens after first or second day. Dilute from one half to three-fourths in water. Clean parts well with dry cotton, and apply on tampon. Treatment should be repeated every second or third day as required by condition.

*Fluid Hydrastis.*—This is the remedy in the catarrhal condition or inflammation of longer duration, general appearance of inflammation, pains of former case all modified, profuse discharge of purulent and albuminous material, often tenacious and sticky. May be used in half to full strength.

*Belladonna.*—Parts congested, capillaries engorged, discharge milky, brown or admixture of pus and blood. Use about one fourth strength.

*Hamamelis.*—Part indicates a condition of partial subinvolution, fullness of tissue, slight milky discharge, sense of weight, no evidence of inflammation or congestion, tissues about normal color, general symptoms of back and headache usually present; patient usually constipated. May be used full strength.

*Boro Glyceride.*—Hypertrophy most prominent condition, tissues often flabby and lifeless, sense of heaviness, frequently tenesmus, or usually gaping. Constitutional symptoms as a rule considerably in evidence, indicating some disorder of uterus; constipation in most instances; thin, sticky, or watery discharge. Apply half to full strength.

*Glycerole of Tannin.*—Subacute or chronic endo-cervicitis, or par-

tially open, evidence of inflammation extending from within and involving lower segment of the cervix. An abundant, thick, purulent discharge. Application may be made direct to canal of cervix by wrapping cotton about a sound or carrier, after which use freely on tampon, full strength.

Various other remedies may be studied, and no doubt there are many additional ones that possess rare merit if their indications were but recognized by local conditions.

*Echafolta* will frequently be found of service in the event of erosions, or a tendency to ulceration. Tincture opii, or some anodyne, will often be of utility, admixed with the indicated agent, and used for a few treatments in case of severe local pain or suffering.

With the presence of small ulcers occasionally encountered, the use of nitric acid or some caustic will be called for, touching each with a small wooden probe or bit of cotton; this may be followed in persistent cases with an embrocation of carbolic acid and tincture iodine, one part to four. We have applied libradol recently in three or four cases, directly to the cervix in cases of heaviness and bearing down of the part, with the appearance of engorgement of the vessels and hypertrophy, and especially when severe pain was complained of in left ovarian region and back. The results in these few cases have been most gratifying and satisfactory, relieving the pain in less than an hour. This thought may guide us in the general use of libradol—seek the source rather than the seat of pain in applying it.

Careful attention as to cleanliness and the toilet of the part are essential to successful results in this variety of local medication. In addition to the general condition the frequency of treatments should be governed to a considerable extent by the character and amount of the discharge; when in excess or purulent and profuse, the dressing and treatment should be repeated every day or two, gradually lengthening the intervals as this feature of the trouble yields.

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#### DIPHTHERIA.

By Benj. L. Simmons, M. D., Granville, Tenn.

**D**EFINITION.—An acute infectious fever with local manifestations of membranous formations in the throat, etc.

**ETIOLOGY.**—Bacteriologists claim that a bacterium produces this disease. The distinguished Klebs-Loeffler bacillus is the micro-organism to which is ascribed the origin of this lesion. Were it not therefore a fact that these organisms have been found in the mouths of individuals who had no diphtheria and in whom diphtheria did not develop, their pathogenic function would the better be established. Again, their mere presence no more proves them the cause of the lesion than does the presence of buzzards around a carcass prove them the cause of the animal's death. Again, the assumption that the pathogenesis of diphtheria is due to bacilli, has not advanced the treatment.

In our way of thinking, the specific cause of this disease is yet problematic. However, the concatenation of morbid symptoms is suggestive of animal matter in a state of decomposition, or animal miasm, as the exciting etiologic factor.

Predisposition is created by anti-hygienic environments and by the individual susceptibilities of the subject exposed to the infection. One attack does not immune against another.

**PATHOLOGY.**—A grayish white membrane is observed upon tonsils, pillars and pharynx. This membrane may extend into the mouth, nasal cavities or larynx; upon the removal of the membrane a raw surface appears. The lymphatic glands are swollen, the muscles sometimes undergo degenerative changes, the spleen is enlarged and the lungs are frequently attacked with inflammatory lesions. The infection may take place through inhalation of infected air, through drinking infected water, or by means of fremitus. Incubation is from two to ten days, occasionally longer.

**SYMPTOMS.**—Prodromal symptoms often exist, but are not characteristic. The onset is marked by a chill or chilly sensations, followed by fever (101-103 or 104) and more or less soreness of throat with difficult deglutition. The appetite is impaired, the bowels are generally confined, the urine is scanty, the pulse often quick and feeble, the face pallid and prostration pronounced. As the disease advances the fever assumes an asthenic type and typhoid conditions become prominent. Occasionally in nervous children, convulsions are an early symptom.

The *local* symptoms are indicated by stiffness of the muscles of the neck, lymphatic enlargement, patches of the characteristic exudate upon tonsils and fauces, and dryness of the throat, followed in many cases by a free secretion from the mucous follicles. The secretion is foetid and sometimes is present from beginning of attack. The membranous exudate may be detached, when a raw, tumefied and bleeding surface is left to be soon covered with another membrane. The larynx may be the primary seat of the attack or may become involved by direct extension from pharynx. Its involvement is announced by hoarseness often resulting in aphonia, by a croupous cough, and stridulous breathing, accompanied by dyspnea. If this condition be not removed, death from suffocation may supervene in twenty-four to forty-eight hours.

**MALIGNANCY.**—Malignant diphtheria may be manifested from the commencement of the invasion. Twenty-four to forty hours of slight illness may be followed by cardiac involvement, offensive bloody discharges from the nose, difficulty in opening mouth and intense pain, as well as extensive swelling of tonsils, and with tendency to slough. In twenty-four to thirty-six hours, the face, neck and even in some cases the tissues of the chest become infiltrated with serum and pit upon firm pressure. Cyanosis is prominent and hemorrhagic spots are noticeable. Death usually occurs in four to seven days.



**SEQUELE**—Anemia, chronic catarrh and paralysis are some of the common sequential lesions.

**COMPLICATIONS** most commonly encountered are capillary bronchitis, albuminuria and otitis.

**DIAGNOSIS**.—The ashen, or grayish white membrane, the irregular fever, the pallor and prostration, assert beyond doubt that the patient has diphtheria. If the membrane be absent the gravity of the symptoms otherwise isolate any common form of cynanche.

Follicular tonsillitis has no membrane, but the exudates are found in the mouths of the follicles, creamy or cheese-like in nature, and in addition, adynamic symptoms as a rule are absent.

**PROGNOSIS** rests upon the severity of the endemic or epidemic influence, the complications, etc. Ordinarily the prognosis should be favorable; malignancy or involvement of the larynx or nasal passages demands a guarded prognosis. The nature of the sequential lesion, too, must determine the opinion as to ultimate recovery.

**TREATMENT**.—The treatment of diphtheria, like all other nosologic lesions, requires indicated medication. Routinism is the same kind of quackery here as it is in any other named disease. Complications must be met, too, according to the conditions manifested.

The medical aid offered in this disease differs greatly. Some of my old school brethren still prefer mercury as a leading agent. By a certain *learned trend* (?) antitoxin has been much declared as a cure; but the "fad" is not likely to become universally fashionable.

Eclectics prefer to treat each case according to conditions—to specialize the pathologic wrongs and associate with them the opposing remedies.

Sp. aconite is called for by the small, feeble and frequent pulse with increased temperature.

Sp. phytolacca is demanded by dryness of throat, enlargement of glands, and to promote removal of exudate. Should be given throughout the acute stage.

Sp. belladonna is of use in those cases marked by profuse secretion or dilated pupils with pallor, or by dullness and tendency to sleep.

Sp. echinacea is indicated by the adynamia and evident blood infection. Should be freely given.

Kali mur. 3x should be given throughout the attack. It can be added to the phytolacca mixture (10 to 30 grains to the 4 ounce mixture).

Sp. baptisia should not be a stranger when the tissues of throat are lifeless or are full and purple.

Sp. sodium sulphite must be administered both locally and internally in those cases with pasty secretions in mouth, and having a pale flabby tongue and mucous membranes.

Sp. rhus comes forward with splendid aid in the cases having sharp stroke of pulse, papillæ on tip of tongue and tonic irritability of cerebro-spinal centers.

Of course when evident determination of blood to brain exists as marked by flushed face, bright eyes and contracted pupils, or by throbbing carotids, active symptoms, *sp. gelsemium* is a friend indeed. If the heart and respirations become weak and irregular, *strychnine sulphate* is to be used.

In evident debility with tremulous conditions of muscles alcoholic stimulants should be judiciously administered.

Other agents should be given as indicated.

Again, the condition of patient is that of debility and approaching prostration with pronounced indigestion and pale tongue and subfebrile temperature. We give the following "shot-gun potion"—

R. *Pancreatin*, *pepsin*, aa. 3j; *sp. gentian*, f 3j; *elix. malto pepsin* (q. s.) 3ij. M. Sig. Shake bottle—Give ten to forty drops every four hours.

Sometimes a diarrhoea is asserted from the onset of the lesion. *Bismuth subnitrate* and *sulpho-carbolate* of zinc are to be given. Should the diarrhoea be from acute irritability of intestinal tract, *sp. ipecac* and other indicated remedies must be given.

Local treatment is somewhat helpful.

If affected tissues are moderately irritable and resemble in appearance the surface of a recent wound, they should be painted one to three times daily with oil of turpentine.

If lifeless and decomposing in appearance, a strong infusion of *baptisia* should be freely and frequently applied. In the absence of the infusion, the *sp. baptisia* with equal amount of water may be used.

*Sodium chloride*, *potassium chlorate*, *sodium borate*, etc., may sometimes be found useful.

Intubation, and sometimes tracheotomy will often be required when larynx is involved.

External applications, as warm olive oil or warm lard, often relieve the tension of enlarged lymphatics and thereby conduce to rest.

Disinfecting the sick chamber with sulphurous acid frequently sprayed, or by dissolving unslaked lime in the room, is not to be overlooked.

The diet should be nutritious, such as animal broths, etc.

The sequelæ should be treated as conditions demand.

Convalescence should be directed with care, especially in the enfeebled cases.

#### TREATMENT OF ERYSIPELAS.

By A. F. Stephens, M. D., St. Louis.

THE diagnosis of erysipelas is, as a rule, not difficult, and need not be indicated here. It may be well, however, to call attention to those cases which show a tardy development of the prominent and characteristic symptoms.

I recall a case some years ago that puzzled me for a day or two, as

to what the difficulty was, owing to the absence of the distinctive symptoms. The patient, a man about thirty years of age, complained of intense earache, headache and tenderness on the right side of the head. There was no discoloration of the skin; no swelling; in fact the examination gave negative results. The temperature was high; tongue coated heavily and pale in color, and the bowels were constipated. This was all. On visiting him the following day the symptoms were the same, no further light being thrown on the case. On the third day the right ear was enormously swollen and blistered. The skin showed the erysipelatous redness.

Recently, I had another case that developed the characteristic symptoms very slowly. A young man twenty years of age called at my office complaining of headache and pain in the neck; he gave a history of having had a chill the previous day. Examination gave negative results. The condition was: Elevation of temperature to  $103^{\circ}$ ; tongue slightly redder than normal with thin coating; bowels constipated; slight redness and dryness of the fauces. It being the season of winter and an epidemic of la grip prevailing, and there being no local symptoms indicating an erysipelas, the difficulty was considered due to "cold." On the following day a visit was made to the patient's house. He was in bed, still complaining of a pain in the neck, headache, soreness and a temperature of  $105^{\circ}$ . Examination gave negative results as far as local manifestations were concerned. Tongue was redder and dry. Bowels constipated. On the occasion of the third visit (3rd day) there was no change except that he had developed a diarrhoea, the bowels having moved several times during the night. Temperature a little lower under treatment, but patient slightly delirious. He complained now of both sides of the neck. On the fourth day after the chill, the disease manifested itself by a swollen ear and redness of the skin around it, extending forward upon the face. This case may lead one into the mistake of thinking it the beginning of typhoid. The short formative stage, sudden elevation of temperature and the one symptom that will always excite suspicion—extreme sensitiveness of the skin over the affected area—will put the doctor on his guard at least and he will withhold his diagnosis until the disease manifests itself by characteristics symptoms.

The treatment in erysipelas will be modified by conditions, and an outline for a typical case is all that will be attempted here. This is divided into constitutional and local. It was the old belief that the disease could be headed off by destroying the skin with medicaments like iodine: and the physician who could not keep the disease from spreading was not up in his a, b, c's. The poor victim came out of the ordeal a fright and usually lost his scalp-lock in his tussle with the doctor, and very often he was called home.

As a remedy in the constitutional treatment we will very often find the indications for *veratrum*—the full bounding pulse and high tem-

perature. In many, gelsemium will find a place. This remedy has an excellent effect upon the kidneys, and helps in the eliminative process, thereby modifying the severity of the symptoms. The active inflammation of the skin is subdued by the administration of iron in some form. If the tongue is redder than normal the tincture chloride of iron should be used, as in this we get the combined effects of the iron and an acid. If however there is not the indication for an acid, the soluble citrate of iron may be given. The agent should be used in quite small doses as we do not intend that our patient shall be made into a steel rail. Those who prefer may use the phosphate in trituration as recommended by Schussler in bio-chemistry. In erysipelas we always think of remedies that will counteract the septic condition resulting from the disease, and for this purpose there is perhaps no remedy that equals echinacea. I am in the habit of using it throughout the entire course of the disease. The dose should be of goodly proportion, say from five to fifteen drops at a dose repeated every two or three hours. Other remedies that may be often indicated are, rhus tox, baptisia, sulphate of soda, etc. Do not understand me that the medicines here mentioned are all that may be required to effect a cure in the shortest time, for others will be indicated in many cases. I am only giving my method of handling typical ones.

Locally, I do not use means that irritate the already inflamed skin. Iodine painted upon the skin to cut short the disease, is to my mind a foolish practice and only adds to the patient's suffering, and makes his condition more intolerable. I do not use anything that will destroy the skin. Therefore for local use I have gotten splendid results from a solution of sodium sulphate, one ounce of the salt to the pint of water. Another excellent local application is echinacea; or the two may be combined in one solution. Cloths kept wet with the solution and spread upon the affected parts constantly, will protect the skin, lessen the inflammation and irritation, and as a rule prevent the formation of blebs or blisters. This treatment may be supplemented advantageously by painting the erysipelatous area with the pure tincture of echinacea or echinacea and veratrum combined.

One of the most important features in the treatment of this disease is feeding. While the temperature is above 101 no food is to be permitted, unless the juice of an orange, an apple or some other acid fruit may be considered as food. Plenty of lemonade may be taken when thirsty and all the water in addition that the patient will take. Wash it out. A good article of cider will be found to be a delicious drink and very beneficial. The patient has no appetite and the usual practice is to pour the milk down him by the gallon. The power to digest is destroyed and the consequence is decomposition—rotting. Yes, the last word expresses it exactly. Did you ever drink a gallon of milk and go to bed? Do you remember the taste in your mouth when you awoke? Ugh, nasty, is the only word that expresses it fully. Do not be fearful that the patient will starve, or lose

his strength. He will retain his strength much longer if he does not have to use up his vitality to get rid of what he puts into his stomach. I used to feed. I do not any more. Plenty of good cold water is both meat and drink, and it gives him an internal bath. Eggs are being highly recommended as abounding in nutriment for the sick. What do you think will happen if you put an egg into a stomach whose possessor is carrying a temperature of 104-5? Did you ever run across an egg that had felt the effect of a high temperature? Did you want to get close to it? Later when the fever declines and his appetite returns let him eat. What? It doesn't matter much so it suits the patient. How much? Aye, there's the rub. Very little. These rules being observed, and the disease runs its course rapidly; the patient is comfortable as it is possible to make him and no evil results.

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#### PATHOLOGICAL URINE.

By Owen A. Palmer, M. D., Cleveland, O.

**N**EARLY all are fairly well informed of the methods nature employs to free the human body of impurities. Since the body requires food to supply its needs, it requires cleansing organs also to prevent self-poisoning from the waste products of the food. The useless matter of the food, and the worn-out products of tissue metabolism are eliminated from the body in the expired air, the feces, and the urine. The carbon of the tissues is exhaled from the lungs in the form of carbon dioxide. The unavailable and insoluble debris of the food is excreted by the intestines, while the urine frees the system of the nitrogenous and other soluble products of the tissue changes.

Physiology informs us that in the kidneys the water is filtered off through the glomeruli with certain inorganic salts, and is dependent entirely upon blood pressure. The secretion proper takes place in the epithelium lining the tubules, and is practically independent of blood pressure. It is not my object in this paper to consider to any great extent normal urine, but to call attention to abnormal constituents, which we are obliged to observe in our examinations in order to gain a correct understanding of the case.

In normal urine are always found urea, uric acid, and many minor acids, as well as chlorides and phosphates. Up to the middle of the 17th century only the physical characteristics of urine were observed. Von Helmont and Ballini soon made known its chemical composition.

The quantity of urine passed in twenty-four hours is from 40 to 60 ounces. During health the secretion of urine is increased by mental and physical activity, and is diminished during sleep. If these conditions are reversed, chronic renal troubles or diabetes are indicated. In atrophic degenerations a marked rise in urine is often noticed, and should be investigated.

Pathologically, the urine is increased—*a*, in diabetes mellitus and insipidus; *b*, in granular atrophy of the kidney; *c*, in pyelitis; *d*, by absorption of dropsical fluids from the body; *e*, in convalescence from acute diseases. It is pathologically diminished—*a*, in fevers; *b*, in acute and chronic forms of parenchymatous nephritis; *c*, in cholera or other diarrheal diseases; *d*, in the formation of dropsical fluids; *e*, in heart troubles where the blood pressure is diminished.

The color of urine depends upon the presence of several coloring matters, all probably coming from urobilin or hematin. The abnormal color of the urine which depends on the presence of urobilin and other substances should be noted at the bedside. It becomes darker on standing. Clear urine shows absence of acute fever, and possibly polyuria, while a dark colored urine denotes not only a fever, but may signify a variety of affections of the spleen or liver, a hearty meal, or over exercise. Smoky, reddish-brown urine would point to the blood, while black urine would indicate melanotic pigment (melanuria). It must be remembered that the color of urine is decidedly affected by different drugs, and the color may be used as a guide only when the urine is known to be free from them.

Owing to the presence of the acid phosphate of sodium and other minor salts, the reaction of normal urine is acid. Pathologically the urine is alkaline in cystitis, and it may be in nervous affections, fever, anemia, debility, and many genito-urinary diseases. Urine is apt to be acid in typhoid fever in direct ratio to the fever. In rheumatism, pneumonia, pleurisy, emphysema, it is often very acid.

The proportion between its fluid and solid constituents is measured in taking the specific gravity. Pathologically the specific gravity of urine is from 1002 to 1040 or even more. These extremes may occur without any pathological changes. The specific gravity is not affected by the presence of albumin as it is by sugar. Albumin is the most important abnormal constituent of the urine. In a general way it may be stated that albumin is present in urine in the form of serum-albumin or serum-globulin.

The cause of renal albuminuria is probably due to a diseased condition of the epithelial layer of the vessels in the glomeruli, allowing albumen to escape in the urine. The urine may be abnormal from one of two causes: either from the elimination of its normal constituents in quantities that are too great or too small to be accounted for on physiological grounds, or from the elimination of substances not found in the healthy secretion.

The chief pathological substances that are held in solution are: 1, albumin and allied proteids; 2, blood; 3, sugar; 4, acetone and allied substances; 5, biliary matter; 6, fat; 7, cystin; 8, leucin and tyrosin; 9, abnormal pigments; 10, sediments which are often suspended in the urine, such as mucus, epithelium, casts, spermatozoa, fungi and parasites.

In 1770 Cotugno made the first attempt to determine the chemical

composition of urine, and discovered albumin, which has caused more confusion and incorrect conclusions than any other substance, if not all the substances held in solution by the urine. No other abnormal substance is of so much clinical interest and so easily detected as this. A good author says: "Formerly but one albumin was recognized in urine and its presence was regarded as positive proof of the existence of some form of kidney trouble if not of Bright's disease. More modern researches and observations now teach us that so far from being a symptom of the dreaded Bright's disease, albumin is frequently present in the urine of perfectly healthy people, and we must distinguish a definite physiological albuminuria which may occur in the female after suppression of the milk; after a diet rich in albuminous food; increased renal blood pressure, (as after a cold bath), excessive mental or muscular exertion, and in the total absence of chloride of sodium."

Albumin may be present in inflammatory affections of the urinary tract below the kidneys. Under these circumstances it forms part of such fluids as blood, pus and secretions from the generative organs. The quantity of albumin is usually small, and the formed elements, (blood or pus), usually indicate the source of the albumin. Renal albuminuria is generally associated with a large quantity of albumin and of casts.

From what has been stated it can be readily seen how easy it is to make an error in diagnosis when testing for albumin. I have in mind now two people that had death pronounced upon them a few years ago by three physicians—one of these a leading eastern specialist—because they had albumin in their urine. These people are living to-day and in fair health.

The proteids found in urine are quite numerous and the most common are peptone, propeptone, acid albumin, alkali albumin and musin. Febrin and hemoglobin may be found occasionally. Blood in the urine always differs in appearance according to the part of the urinary tract from which it comes. If from the kidneys the urine has a smoky appearance; it appears in small quantities and generally renal-casts are present. If from the ureters long semi-circular clots and strings will be noticed. Blood from the urethra and bladder is generally large in quantity and full of clots. Urine containing blood always has albumin in it.

When sugar is persistently present in larger quantities than normal we have a disease termed diabetes mellitus. The urine in this affection is increased in quantity, is clear, pale, of high specific gravity and contains a greater quantity of urea.

Although various quantities of sugars are pathologically present in the urine, such as sugar of milk in the urine of lying-in women, and occasionally some traces of other sugar substances, yet when we speak of sugar in the urine, we mean glycosuria or grape sugar (glucose or dextrose.) In glycosuria the specific gravity is from 1030 to 1045.

We should not make the mistake so often made of saying that a person with albumin in the urine has Bright's disease; so one with sugar in the urine is often said to have diabetes mellitus, and hence if these two abnormal ingredients disappear from the urine it is said grave cases are cured.

Pathologically sugar may appear in the urine as transitory or in a permanent condition. Some have contended that traces of sugar are present in all normal urine and it should not always be considered abnormal.

Acetone and other fatty compounds that have been oxidized are associated with glucose. The exact changes that take place between these compounds and glucose are not well known. It is found in febrile diseases and diabetes. The presence of bile may be suspected in urine that retains its foam for a long time after shaking, and colors the clothes yellow whenever it comes in contact with them. Biliary coloring matter occurs in the urine in various pathological conditions of the liver, and may or may not be accompanied by icteric coloring of the skin. Their presence in the urine often precedes the icterus two or three days, hence the jaundice may be foretold from an examination of the urine. The pigments are always present in phosphorus poisoning.

It is highly probable that fat should be placed among the abnormal constituents of the urine, although Dr. Schunck ably contended that it is normal wherever found. In chyluria we have fat in considerable quantities in the urine. Pyuria or pus in the urine may arise from any inflammatory affection in some part of the urinary tract or the communication therewith of abscesses. If there is pus in the urethra it may be pressed out and usually escapes ahead of the urine.

Pus from the bladder causes frequent urination, alkaline urine, hypogastric pain, and the quantity of pus is generally large. If the pus comes from the pelvis of the kidney it is usually small in quantity and the urine is acid; as a rule renal casts are present and the amount of albumin is much increased.

In pyuria arising from affections above the bladder there is a notable absence of mucus. Leucin and tyrosin are found in acute yellow atrophy of the liver and in phosphorus poisoning.

Speaking in a general way we find there are many useful hints in prognosis that may be gained from the examination of the urine. In diseases where there is an exudate, a marked increase of solids in the urine is a good sign, showing that elimination is not defective. If the elimination is defective in fevers there is danger. If any woman passes less than 300 grains of total solids in 24 hours she is in danger and is liable to many severe afflictions of an inflammatory nature. The presence of diacetic acid in the urine of a person suffering with diabetes mellitus denotes approaching coma. The decrease of sugar is not beneficial if diacetic is present. The test can be easily learned if not already known.



## MEDICAL RECIPROCITY.

By C. W. Seely, M. D., Willeyville, W. Va.

THE morning hours of medical freedom, that long cherished right of the medical profession, seem to be dawning as a ray of light. The last annual meeting of the American Confederation of Reciprocity Boards, which was held in St. Louis, surely shows progress. It would seem that the several State Boards are working on the right line to accomplish this purpose. National boards have been suggested by some, but they all have their objections, as such a board would have as much trouble in being recognized through the United States as the several State boards now have to recognize each other.

Medical reciprocity can surely be accomplished; but it will have to be through a spirit of honor and good-will between the medical boards, each meeting the other a step or two more than half way; each making concessions when necessary in a fraternal spirit and forever casting aside that false dignity which is so characteristic of a degenerate and narrow-minded individual.

Should not our State boards act in the same spirit toward one another, as would be expected of two duly licensed practicing physicians? In not recognizing one another they voluntarily place themselves fifty years behind the times; back in the years when nearly every doctor considered himself altogether too good to counsel with his fellow physician, thinking that by so doing he made himself more dignified; when in reality he was only troubled with fool-in-the-head.

The egotistical and penurious manner in which some of the State boards act in regard to this matter, would tend to indicate that they opened their meetings with a prayer, with a thought similar to the following: "Oh, Lord, bless me and my wife, my son John and his wife; us four, and no more.—Amen."

It therefore becomes the duty of each and every physician to assume an active part in this matter. Write your State board members thanking them if they are identifying themselves with this great movement, and if they are not, urging them to do so. Let them understand we are watching with interest their movements, and are interested in this matter.

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ECHAFOLTA.

By Dr. R. A. Clopton, Milan, Tenn.

I FIND Echafolta always meritorious. In September, 1902, Mr. B. D. Kensey, a farmer living 6 miles from here had three children, aged 10, 8 and 6 years, and all three were bitten by a rabid dog. One was bitten on the wrist, one on the arm, and one on the forehead—all three of the wounds were tolerably severe.

The dog was undoubtedly affected with rabies. It was a trained shepherd dog and a great pet. It left home and wandered over the

country, biting hogs, cattle and everything that came in its way, and was finally killed, as a mad dog, about ten miles from home the day after it had bitten the Kensey children. The parents of the children were naturally greatly alarmed, fearing that their children would surely suffer the agonies and horrors of hydrophobia.

They telephoned for me as soon as they were apprised of their children's affliction, but I did not get to the patients until six hours after they were bitten—which, of course, was too late for successful or effectual cauterization; however, I cauterized each wound.

I at once put all three of the children on the specific tincture of *echafolta* (Lloyd's), doses according to ages, and kept them on it three months, and up to this date, more than a year having elapsed, no symptom of hydrophobia has appeared in either child; although a great deal of manifested uneasiness has been evinced from time to time on the part of the devoted parents. I believe the cauterizing did no good, as the poison would have been already taken up by the blood and carried all through the system; but I am of the opinion that the *echafolta* counteracted the virus and saved the children from its terrible ravages; so, still for all venomous bites, and all septic conditions, I regard and recommend *echafolta* as a specific pure and sure and simple.

#### TREATMENT OF ALCOHOLISM.

By I. E. Shaffer, M. D., New York City.

**M**R. X., æt. 42, single, occupation salesman. Began to drink beer and whiskey socially at Aet. 20. Since which time he has used it practically steadily, gradually increasing the quantity. There have been a few periods of abstinence, varying in length. The longest being about four months. For the past five years he states that he has not seen one sober day. At the time of coming under treatment he is consuming about one and one half quarts daily of the cheapest whiskey obtainable. Father moderate drinker, no other history of intemperance. Insanity, epilepsy and hysteria negative.

Present condition of patient, very intoxicated, tongue coated and tremulous. Sleeps poorly except when drunk, appetite gone, has taken no food for several days. Pulse 130°; temperature 99; irregular and thready; examination of urine shows specific gravity 1002, reaction neutral, albumin negative, sugar negative.

Patient started the Oppenheimer treatment July 3, 1902 receiving two treatments. Liquid diet ordered every two hours.

July 4. He received four treatments, slept about four hours last night. Bowels relaxed, ate a light breakfast. Pulse 100. Temperature normal. No craving for stimulants.

July 5. Three treatments administered. Bowels still relaxed. Ate good breakfast, is not nervous or tremulous, slept seven hours. Pulse 80. Temperature normal. Left the Institute at 9 p. m., no craving for stimulants and feels confident of himself.

July 6-11, inclusive. Two treatments daily given. Patient in perfectly normal condition, good appetite. Tongue clear, bowels regular, pulse and temperature normal, sleeping well. Attending to business, no craving.

July 12-29. One treatment daily. Patient has progressed steadily and regularly, mind clear, memory acute, full of vigor and enthusiasm. Discharged from treatment July 29th with the advice that he return occasionally for observation.

August 11. Reports in good condition.

August 26. Reports in good condition, no inclination to stimulate.

October 12-16. Patient called and received one treatment daily as a prophylactic.

Patient has reported for observation on different occasions up to present time, December 5th, 1903. He is very enthusiastic over the result obtained in his case and has been influential in sending other cases.

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#### TREATMENT OF HERNIA—DR. CHURCH'S ECHO.

By Floyd Clendenen, M. D., La Salle, Ill.

WE, in writing to the medical press, try to state facts as presented to us from our personal experience, and such opinions as we offer are not the echo of some one in San Francisco or Chicago. Dr. Church attempts a criticism in the December number of this Journal of our article on hernia in the November number, which he admits to be merely an echo of the opinions of others, as to which is the better method of treatment, the knife or the injection method. When the doctor talks of only 50 per cent. of cures by injection he shows conclusively that he does not know how to make an injection properly, and in our article we had reference only to properly executed injections. In our article in the November number we did not wish to take the space to enter into all the minutia, as we were supposed to be speaking to medical men who were able to see a point intended.

We have had practical experience in both modes of treating hernia, and must give the injection method the preference most decidedly. We do meet cases of hernia wherein we think it best to trust the knife. Take the case of very old persons, or in cases in which the breach is very large, we deem the knife the best. But in uncomplicated average cases the injection cures practically all without danger and without loss of time, and the physician's charges are much less than in cases where the knife is used. The only reason why we require a patient to use a truss after injections is that it takes off the strain until the plastic lymph that is thrown in to repair the breach becomes strong. This we supposed, until we saw Dr. Church's article, was understood by all. After using the knife, the patient should be kept in the recumbent position at least two weeks, then when permitted to

be up he should wear a pad fitting tight, held in place by a broad belt or a truss during three months after the operation, and all active service should be prohibited for six months.

When we began the practice of medicine, our old preceptor said to us, the physician who does not learn something new to the profession each year is a detriment to the fraternity, and is not fit to be called a physician. A physician without originality is like a kite without a string.

### EXAMINATION QUESTIONS.

#### Board of Medical Examiners—State of California.

##### ANATOMY.

Answer any ten and only ten of the following questions.

1. What is the foramen magnum, and what does it transmit?
2. Describe the mastoid portion of the temporal bone, giving its surgical importance.
3. Give number, and name of the various regions of the skull.
4. Bound the pelvic cavity and name the contents.
5. How is collateral circulation established after ligation of the common carotid?
6. In what does the pulmonary veins differ from others?
7. What composes the portal system of veins?
8. Name the divisions of the brain.
9. Give the gross anatomy of the liver.
10. Describe the hip joint, and name the ligaments.
11. Describe the pericardium as a structure, and give the blood and nerve supply.
12. What is the pleura? Give its reflections.
13. Name the biliary ducts and briefly describe each.
14. What is the pharynx, and what openings communicate with it?
15. What is the popliteal space, and what does it contain?

##### CHEMISTRY AND TOXICOLOGY.

Answer any ten and only ten of the following questions.

1. Describe a method of preparing oxygen.
2. Define the terms distillation, sublimation; give example of each.
3. Mention five elementary substances commonly used in medicine in an uncombined state.
4. State two laws governing chemical combinations.
5. Explain the nomenclature of binary compounds.
6. Describe a galvanic cell; explain the chemical changes occurring during action.
7. What is a compound radical? Give two examples.
8. Give the chemical names for tartar emetic, cream of tartar, Glauber's salts, copperas, sugar of lead.
9. What is chloroform? How is it made?
10. What is glycerin? How is it classified chemically?
11. Give two tests for morphine.
12. What is the antidote for arsenic poisoning? Why?
13. What is the antidote for poisoning by lead acetate? Why?
14. Describe in detail a test for sugar in urine.
15. What is the normal reaction of fresh urine? Explain the effect of decomposition upon this reaction.

##### MATERIA MEDICA AND THERAPEUTICS—REGULAR.

1. Name five drugs which by their action on the vaso-motor centers dilate peripheral blood vessels. Five that contract.
2. Explain the action of counter-irritants, and give three that are safe to apply over large areas.

3. Give source, preparations with doses, and therapeutics of salicylic acid.
4. Give action and therapeutics of diphtheria anti-toxin. What conditions would cause you to increase or diminish the quantity given in the course of treatment?
5. What is the physiological action of arsenic, given in small doses three times a day? What per cent. of Fowler's solution is arsenious acid?
6. Compare the physiological action of tannic acid with gallic acid.
7. Give two formulæ for preparing nutriment for rectal feeding.
8. Write a prescription, containing two drugs besides the vehicle, for acute bronchitis, marked by a dry harassing cough. Use no abbreviations.
9. Give the physiological action of amyl nitris, and name three drugs that are largely antagonistic to this action.
10. What would you consider a safe initial adult dose of sulphate of strychnia, sulphate of morphia, chloral hydrate, sulphate of hyoscyamine and the hydro-chlorate of pilocarpine?

## MATERIA MEDICA—ECLECTIC.

1. Name three heart tonics.
2. What are the medical properties of ammonium carbonate?
3. What are tinctures, infusions and decoctions?
4. What is meant by the term hydragogue?
5. Give the therapeutic properties of podophyllin.
6. In prescribing iron what form do you prefer and why?
7. What precautions are necessary in prescribing strychnia, opium and lobelia?
8. Define narcotics, laxative, anti-spasmodics, giving example of each.
9. Give specific indications for gelsemium, belladonna, apis.
10. Give medical properties of digitalis, with principal organs influenced.

## MATERIA MEDICA—HOMOEOPATHIC.

1. What symptoms determine choice of aconite in any form of acute disease?
2. Differentiate the cough symptoms of belladonna, sticta and ipecac.
3. Give an outline of the action of opium.
4. Differentiate apis and rhus in the treatment of erysipelas.
5. Give three characteristic symptoms of lachesis and what is the character of its hemorrhage?
6. Give the indications for bryonia and colchicum in rheumatism.
7. Give the action of ergot on the spinal cord.
8. Differentiate iris, glonoin and gelsemium in headache.
9. Give guiding symptoms of sepsia and helonias in female diseases.
10. Give the bowel symptoms of merc. corr.

## PATHOLOGY.

1. Discuss immunity, giving special attention to acquired immunity, to toxin immunity, and to the theories of the nature of immunity.
2. Under what conditions occur a physiologic leukocytosis? Under what pathologic conditions would you expect to find a polymorphonuclear leukocytosis? A lymphocytosis?
3. Name three processes marked by retrogressive changes in tissues. Three marked by progressive changes.
4. Illustrate by a drawing the microscopic structure of an adenoma, an adeno-carcinoma, and a lympho-sarcoma.
5. What is the significance of hyaline casts in urine? Of granular casts?
6. Name two sequelæ of asthma, and tell how they are brought about.
7. Give the pathology of embolus. Of thrombus.
8. What microscopic pathological conditions would you expect to be able to demonstrate in a subject where death was due to parenchymatous nephritis and its complications?
9. Examination of pathological specimens.
10. Examination of X ray plates.

## PRACTICE OF MEDICINE—REGULAR.

1. What are the lesions commonly found, or that may occur in the natural (clinical) history of diabetes mellitus? Give the treatment of diabetes mellitus.
2. Give the etiology of biliary calculi. Describe the symptoms and the treatment of obstruction of the ductus communis.
3. Give a motor, a sensory and an optical symptom of tabes dorsalis. Locate the essential lesion.
4. Describe the symptoms of any one disease of the pancreas.
5. Enumerate and describe the common types of malarial intermittent fever. Give the etiology and the treatment.
6. Give the differential diagnosis of intussusception of the small intestine and acute appendicitis.
7. Give the physical signs of a moderate effusion in the left pleural cavity.
8. What are the more frequent causes of endocarditis? Describe the physical signs of mitral insufficiency.
9. Give the physical signs and describe the symptoms that would lead to the diagnosis of tuberculosis of the lungs at an early stage (the period of invasion).
10. Describe the blood changes in anæmia (secondary) and pernicious anæmia (primary).

## PRACTICE OF MEDICINE--ECLECTIC.

1. Diagnose and treat a case of scarlet fever, giving indications for each drug.
2. What is lumbago? Suggest treatment.
3. Differentiate a pneumonia from pulmonary congestion.
4. Give treatment of erysipelas of face.
5. Give three causes of constipation and give treatment of each.
6. What is chorea? Give your method of treatment.
7. Describe a case of gastric ulcer.
8. How would you treat a case of cystitis?
9. Patient restless, high temperature following defined chill, skin dry, severe muscular aching, coryza, headache, give diagnosis and treatment.
10. Give symptoms and treatment for spasmodic croup.

## OBSTETRICS.

1. What is vicarious menstruation? What is the menopause, and what symptoms herald its approach?
2. Define extra uterine pregnancy. Give the symptoms, differential diagnosis, classification and management of the same.
3. Give the natural causes, symptoms and the management of a case of abortion during the early months of pregnancy.
4. What is "quickening," and at what period of pregnancy is it usually noticed? Describe foetal heart sounds, their rate, when and where are they best heard.
5. What are the causes of rupture of the uterus in labor? Give the signs, symptoms, prognosis and management of both mother and child.
6. What is version? Give the varieties, application and technique of each.
7. Give the stages of labor and describe what takes place during each stage.
8. What is the best method of delivering the placenta?
9. What are the principal congenital defects of the new born child?
10. What is phlegmasia alba dolens? Give symptoms, treatment and results.

## SETON HOSPITAL REPORTS.

PROF. L. E. RUSSELL, SURGEON.

CASE 64.—Miss L. M., age 25 years, came to the hospital for a diagnosis and treatment of a pelvic lesion of several months' duration. She had submitted to many treatments of the uterine cervix with caustics and curettage, but, like Simon Peter's wife, grew not better but rather worse because of the doctors. A bimanual examination discovered an immobilized uterus, with the cervix left lateral and a hardened mass in Douglas cul-de sac.

The patient had been properly prepared for a laparotomy, and on opening the abdomen, the omentum was found bound down over the fundus of the womb and the appendages. This was pinched and dissected loose between the thumb and fingers, and carried upward into the abdominal cavity, and covered with hot gauze sponges out of a normal saline solution. It was then observed that in the left side there was an extensive hydrosalpinx, as large as a clinched fist, and firmly adherent to all of the tissues in its proximity. The right tube contained nearly a teacupful of pus; and the ovary and tube were all massed and bound down in Douglas cul de sac, the ovary giving the hardened appearance noticed in the bimanual examination.

In the attempted removal of the right appendage, it was found that the vermiform appendix had become attached in the plastic exudate, and it became necessary to remove it with the right uterine appendage. It was thought advisable to put a drainage tube down through Douglas cul-de-sac, but in the attempt we found the posterior uterine wall bound solidly to the sigmoid flexure, necessitating a careful dissection before the drainage gauze could be made to traverse through Douglas cul-de-sac outward for vagino-pelvic drainage. This gauze was allowed to remain thirty-six hours, draining away in the meantime a great quantity of fluid.

The patient made an uninterrupted recovery, temperature never getting above 99½. There was complete union of the abdominal incision by first intention, and not a drop of pus from start to finish in the case.

CASE 65.—Miss H., of Newport, Ky., age 15, congenital club foot, with increased distortion by act of walking, which had forced the foot so that the toe had been completely turned over, and she walked upon it, the bottom looking upward.

The operation in this case was necessarily a combination of Sayers' and Phelps'. The subcutaneous cutting of the tendo Achilles brought the heel down to its proper position; and the open incision advised and practiced by Phelps corrected the lateral distortion of the foot. And then with much force, using a wrench with a three-feet lever, we were enabled to twist and super-correct the deformity. The opening incision of Phelps was finished and packed tightly with iodoform

gauze; the forced flexion of the foot towards the tibia put the foot in position, so that the patient could place the bottom of the foot directly under her; and in this condition she was allowed to walk out of the operating room, and continue the use of the foot daily while nature helped on the improvement to the cure.

Six weeks after the operation, in the clinic of Jan. 9th, the plaster cast was removed, and the foot showed perfect recovery.

In all talipes operations it is advisable to submit the patient to this radical operation at as early a day as possible. By so doing less surgical interference is required, and the patient makes a better and a more satisfactory recovery.

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## EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

### NEOPLASMS OF THE RESPIRATORY TRACT.—Chondroma Enchondroma.

**NASAL CAVITIES**—The term should be applied to cartilaginous tissues having their site in any portion of the nasal cavities or accessory sinuses, with the exception of the triangular cartilage of the septum. Chondroma, if of any considerable size, may cause deformity of the nose, and through pressure, absorption of the contiguous bony structures may result, invading even the orbit and cranium.

True chondroma are infrequently seen; the favorite location is at the junction of the cartilaginous septum and an alar cartilage. The tumor is usually round and nodular and occurs in early youth; generally unilateral.

*Symptoms.*—Impairment of nasal respiration depends upon the size of the tumor. When of considerable size it will cause an accumulation of secretion which soon becomes muco-purulent and offensive. Pain is seldom present, unless the location and size produce pressure. Being non-vascular there is no tendency to bleed. It grows very slowly.

*Diagnosis.*—Palpation with a probe will demonstrate a hard but slightly elastic mass. The texture of the tumor is hard and dense, immovable, usually of a pink or yellowish-white color. It may be round or irregular and nodulated. Puncture with a needle will differentiate from an osteoma.

*Prognosis.*—This will depend upon early recognition and removal before deformity or bony absorption occurs.

*Treatment.*—Complete removal by means of the knife, nasal drill, or saw. If of considerable size, an external operation may be required. This is true also when the growth originates in the accessory cavities. The hemorrhage is slight.

**NASO-PHARYNX.**—Two cases only have been reported, both occurring in young adults.



**LARYNX.**—The favorite location is the cricoid cartilage, although the thyroid, epiglottis, and arytenoid cartilages may be affected. The tumor is sessile, immovable, and usually extends inward. It may be of sufficient size to produce symptoms of dyspnea. A slightly hyperemic membrane usually covers the tumor, and hemorrhage, when it occurs, is from this membrane.

**Diagnosis.**—The tumor is hard, dense, slightly lobulated, and slow of growth.\*

#### CONDITIONS WHICH OFTEN FOLLOW ADENOID OPERATIONS.

The immediate results, which usually are gratifying and brilliant, of a successful adenoid operation are exploited in the literature on this subject, but it is very infrequently that one sees any report of what I have found to be a common sequel of the operation.

These cases usually are of long standing, taking the age of the patient into consideration, and necessarily the nasal tissues are unaccustomed to the passage of air over their surfaces. In warm weather, when the air is free from irritating substances, there usually are no nasal manifestations, but with a variable temperature, the air charged with irritating vapors or dust, the conditions are changed, and the delicate mucous membranes, unaccustomed to these irritants, rebel. An acute rhinitis usually results, there is relaxation of the tissues, the venous sinuses become engorged, and the lumen of the respiratory tract is so much diminished that normal respiration is practically abolished. Unless promptly relieved a subacute or chronic rhinitis soon results.

The long continued inactivity of these tissues doubtless has the same effect as the same disuse of other tissues, modified of course according to location and function.

In an analysis of a number of cases, I have found in all those with a marked subnormal state of the physical system—and the majority are included in this class—the nasal manifestation will follow sooner or later. Those having a physical state approximately normal usually escape this condition.

**Prognosis.**—Good if removed early.

**Treatment.**—If small the growths may be cauterized with chromic acid, or removed with cutting forceps. When larger a thyrotomy may be necessary.

#### \* DIFFERENTIAL DIAGNOSIS.

Perichondritis.	Carcinoma.	Chondroma.
A determinable cause..... usually.	No cause. ....	No cause.....
Age not a factor.....	Advanced age.....	Early life, usually.....
Onset sudden.....	Slow.....	Slow.....
Acute local inflammation.....	Inflammation late.....	Inflammation absent, unless the result of obstruction.
Edematous tendency early....	Seldom, if present late.....	Seldom, if present late.....
Any of the cartilages.....	Seldom below the glottis.....	Usually the cricoid cartilage.
Localized.....	Disposition to spread, and glandular involvement.	Localized.....

**AFFECTIONS OF THE GLOSSO-EPIGLOTTIC AND PYRIFORM SINUSES AND THEIR TREATMENT.**

In most of the works on diseases of the nose and throat no mention is made of the glosso-epiglottic and pyriform sinuses. In the most recent works affections of these sinuses have been overlooked or their importance not appreciated. Silas Cohen recognized affections of these sinuses and mentioned them in his book, which was published in 1879. He reports several cases of supposed chronic laryngitis, one which had received treatment at several of the large hospitals without any permanent relief. He made a laryngoscopic examination and found that the inflammation was due to ulceration in one of the pyriform sinuses. This case was permanently cured by a few applications of nitrate of silver.

Holbrook Curtis in a paper on "Acute Laryngitis of Singers," published in the April number of the *Laryngoscope*, advises for paresis of the thyro-arytenoidal muscles, which usually accompanies laryngitis, swabbing the pyriform sinuses with the tincture of iodine and glycerine in equal portions. He claims this stimulates the nerves and produces a counter irritation without the vocal larynx.

The glosso-epiglottic sinuses or lingual fossæ are depressions between the epiglottis and base of the tongue. They are situated one on each side of the median glosso-epiglottic fold, which is a small membranous covering enclosing the glosso-epiglottic ligament, and stretching from the middle of the lingual surface of the epiglottis to the raphe of the tongue. They are bounded exteriorly by the mucous membrane of the sides of the tongue, called the lateral glosso-epiglottic fold, which sometimes in the living subject is hardly perceptible. In some subjects they are shallow but oftener depressed.

The triangular pharyngo-laryngeal or pyriform sinuses are located outside of the aryepiglottic fold, and therefore, external to the larynx proper; they are situated one on each side of the larynx, between the aryepiglottic fold and inner surface of the wing of the thyroid cartilage. Each sinus begins at the free border of the respective epiglottic fold, the upper portion of each sinus being broad and looking forward, but as it descends it becomes more and more conical, and is finally lost at one end of the transverse furrow which marks the commencement of the œsophagus. Along the floor there is a chain of glands which is often involved in diseases of this part.

Vohsen believes that the pyriform sinuses can be more satisfactorily examined on phonation, and when the head is slightly turned to the opposite side. I have found, however, that I got a better view of all parts of these sinuses by turning the head slightly to the opposite side and having the patient inhale and exhale quietly.

Upon inspection with the laryngoscope both the glosso-epiglottic and pyriform sinuses are sometimes seen entirely empty, but frequently we find them with a greater or less copious secretion of mu-

cus, which hides the diseased area or the foreign substance from view; therefore, before the parts can be properly examined of the cause discovered, it will be necessary to wipe away the mucous. This is best accomplished by means of a small sponge or absorbent cotton, which being firmly fastened to a holder will absorb the fluid.

Bits of thread broken off in sewing, bristles from a tooth brush, fish bones, etc., sometimes find their way into these sinuses, and being hidden from view, often remain for a long time, causing not only an irritation and cough but frequently ulceration. Ulceration in one or both of these sinuses occasionally occurs from injury in swallowing small particles of bone or crusts of bread, which sometimes tear the mucous membrane in their passage to the œsophagus. These sinuses are not unfrequently the site of tubercular or syphilitic ulcerations, which are overlooked for a long time because the affected spot is covered with mucus. Ulcerations give rise to irritation, a pricking sensation and pain, which is more particularly felt in swallowing, coughing, and from any movement of the parts, such as extending the tongue. Occasionally an engorged capillary will be found in these parts and it produces not only cough, but a pricking sensation during the act of deglutition. The glands at the bottom of one of these sinuses will sometimes be the starting point of an inflammation, which if left untreated, will in time extend to the neighboring parts. Even while the inflammation is confined to the sinuses, the patient will complain of irritation and pain, and it is surprising what relief is experienced from one application of nitrate of silver, 60 grains to the ounce.

I could cite a number of cases where foreign bodies were removed from these sinuses. I recall one case in my practice of a young lady, who, supposing she had swallowed a pin, came to me to have it removed. Upon examination with the laryngoscope, I discovered, lodged in the glosso-epiglottic sinus, a large compressed tablet, which had rested here instead of passing into the œsophagus, and not being readily dissolved, had remained there until removed with the forceps, which gave prompt relief.

Foreign bodies give rise to a pricking sensation on swallowing, and sometimes cough. They should be removed with the forceps and an application of nitrate of silver, 40 grains to the ounce, made to the sinus. If ulcers exist, after the sinus has been carefully wiped out, the ulcers should be touched with nitrate of silver, 60 grains to the ounce, or sulphate of copper in the same proportion. Engorged capillaries can best be treated by the galvano-cautery. I have also had good results from repeated applications of the fluid extract of *geranium maculatum*.

A careful examination of these sinuses should be made, as there are a number of cases on record in which long-continued throat disease had resisted topical applications to the interior of the larynx, until the laryngoscope revealed the disease to be due to ulceration in one

of these sinuses. There are many cases in my own practice, which I will not take up your time to report, where treatment directed to these sinuses gave prompt relief after local applications made to other parts of the throat had failed.—*C. E. Teets, M. D., in Hom. Eye, Ear and Throat Jour.*

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## PERISCOPE.

### THE SINGLE REMEDY IN THE CURE OF THE SICK.

There is no doubt of the gigantic strides made in the application of medicine to the relief of disease. Nor is there any question that with the scientific advancement of the age, and the assistance of the auxiliaries at our disposal, we are enabled to diagnose cases more minutely than heretofore. Nor is there any doubt but that there is a more definite knowledge of the physiological action of drugs; and that the realm of polypharmacy is becoming smaller. I am well aware that many of our remedies are combinations in themselves, and that there are other combinations that have received a proving as a combination, and when obtained in such definite proportion it is legitimately qualified to take its place among definite therapeutic agents; but any combination whose action as a combination is not known is not scientific. And while a patient may improve under its influence, either from its action or from the natural recuperative power, it is not definite, and therefore does not meet the scientific requirements of the case.

Patients have recovered while under the influence of remedies given in alternation, but which remedy did the work, or whether both were instrumental, or whether the patient recovered independent of both, is not known so long as we were unable to say definitely what the action of these remedies is when given in such an alternation.

The weakness of our practice is frequently dependent upon a lack of investigation. We do not go as thoroughly into the case as it frequently demands. In this age of rush it is difficult to realize that patients are willing to pay for the time that is necessary to make a thorough examination and sift their case to its last analysis. And this I believe to be the foundation that leads many to select two remedies in a given case. As an illustration, some years ago I had a series of cases, the modalities of which were the soreness with pain and aggravation upon attempting to move, but coupled with it was restlessness and a desire to move. Now for this condition *rhust.* and *bryonia* were given in alternation, but a more thorough investigation of these cases brought the true remedy to the rescue in *phytolacca*.

While spending two months in one of the foremost school hospitals, two years ago, I had the truth of the single remedy impressed upon me: For it is employed there as the rule and not as a remedy employed should be definitely known.—*What does he mean?—Ed. Cleveland Surg. and Med. Reporter.*

2d. As the curative sphere of remedies given in alternation is no known they should not be employed.

3d. That any combination should only be employed when its action as a combination is definitely known.—*Blackwood, in the Clinique.*

#### Good Advice for Practitioners of all Schools.

No medicine should be given in any disease unless we know just what we expect it to do. Do not give any remedy for pneumonia just because it has been recommended in the disease. Some remedies may be good for pneumonia, but very bad for men, women and children afflicted with the disease, and then, during the course of the disease, the local and constitutional conditions are undergoing a change. The remedy indicated to-day might be of injury to the patient tomorrow. Mix your remedies with brains.

The surgeon of to-day uses but few medicines, but he studies those few well and knows just what he can do with them. He has the latest and best instruments and appliances, and he knows just how to use them to get the best results.

How is it with the physician of to-day? He has his laboratory, his microscope, his hematometer, his reagents, and other instruments of precision. He can make out a beautiful diagnosis, but then he is at a loss to know what to do. The physician of to-day does not know as much about therapeutics and the action and the limit to remedies as did his predecessors of twenty-five to fifty years ago. When he has made out his diagnosis, he takes up a price list of tablets and proprietary medicines and runs down the list till he comes to the name of the disease he has diagnosed, and gives it to his patient. Nearly 50 per cent. of all prescriptions are for patent or proprietary medicines.

Physicians are becoming diagnosticians instead of therapeutists.—*Medical Record.*

#### SOME HEART REMEDIES.

**Actæa Racemosa.**—Heart affected by rheumatic poison; recurring attacks of pain resembling angina pectoris; left arm feels as if bound to the side; gloominess.

**Arsenicum.**—Endocarditis and hypertrophy; septic conditions; fatty granular degeneration; feebleness of heart with constant fainting; angina pectoris; præcordial pain and anxiety; great aggravation from ascending stairs or climbing hills.

**Cactus Grandiflorus.**—Acute carditis; hypertrophy; valvular disease; aneurism, spasm of heart, causing it to feel as if compressed with an iron band or clutched by an iron hand; soreness and constrictive sensations.

**Kali Carbonicum.**—Cardiac asthma; attacks at 2 a. m.; dyspnoea so great must sit up in bed, leaning forward, cardiac cough; exophthalmic goitre.

*Kalmia Latifolia*.—Cardiac rheumatism; much pain with slow, weak pulse; valvular insufficiency; pains in rheumatic joints shift suddenly to heart; numbness of left arm; heart intermits every third or fourth beat; shooting pains through the chest to scapula.

*Naja Tripudians*.—Chronic nervous palpitation; in young subjects valvular murmurs after acute rheumatism, or endo-cardial murmurs following scarlatina; sympathetic pains arising from other organs, especially ovaries; constriction and dyspnoea in evening.

*Phosphorus*.—Fatty degeneration of the heart associated with fatty degeneration of other tissues and organs; right ventricle most affected; venous stagnation.

*Rhus Toxicodendron*.—Hypertrophy from over-exertion, pulse quick, weak, irregular, intermittent, with numbness of left arm; trembling and palpitation when sitting still.

*Spigelia*.—Violent palpitations, with great pressure on the chest; shooting pains through heart and down left arm, over the chest and down the spine; rheumatic carditis; pericarditis; endocarditis; darting and lacerating pains during acute exacerbations; palpitations due to worms; dyspnoea compelling patient to sit bolt upright.—*The Hahnemannian*.

#### PLEURISY IN TYPHOID FEVER.

Sears (*Boston Medical and Surgical Journal*) reports a case whose true character was not suspected until the patient had been several days under observation, and emphasizes the fact that pleurisy resulting from infection with Eberth's bacillus may be less rare than published cases give reason to suppose. The patient, an Italian laborer, 20 years old, was admitted to the Boston City Hospital, complaining that 14 days previously he had been seized with a sharp pain in his right chest, which was followed by cough, with frothy expectoration and progressive dyspnoea. There were also fever and headache. Examination revealed the right chest to be well filled with fluid, which had a specific gravity of 1025, and contained one-half per cent. of albumin. This fluid was removed, and while only a small portion of the fluid re-collected, the temperature kept up between 102° and 104° F., and the chart strongly suggested the typhoid curve. Other symptoms were also suggestive, but a Widal test on the 35th day was negative; however, it was positive on the 38th. A marked reaction was also obtained with the serum, which was aspirated on the 59th day. Positive proof of the presence of Eberth's bacillus was not obtained, as the effusion was sterile; but strong presumptive evidence was present in the appearance of the Widal reaction after its previous absence, in the inability to discover tubercle bacilli in many examinations, and in the failure of the patient to respond to tuberculin injections. The temperature chart as convalescence set in was typical of typhoid. Pleurisy appears to be one of the rare complications of typhoid. Betke found 58 instances among 1420 patients; Osler met

with it five times among 389 cases. Among 1065 cases admitted to the Boston City Hospital, it was only positively diagnosed 18 times. Except as an initial event, when it may be the most prominent feature and mask the real condition, pleurisy as a complication of typhoid is rare during the first week. It is most common after that date, while the temperature is still high, but it may be delayed until convalescence seems fully established, or even occur as a complication of a relapse. Etiologically, Eberth's bacillus has been demonstrated as the cause, in a considerable proportion of cases, and in a few of those in which the onset of the disease was marked by pleural symptoms, the mild course and the absence of abdominal symptoms, save for a slight digestive disturbance, give reason for questioning if the bacilli may not have been confined in their activities to the pleura. Only two cases, however, were found by the author in which it was definitely proved that the typhoid bacilli were localized there, in both of which the infection was secondary to tuberculosis. In one the typhoid bacillus appeared in pure culture; in the other tubercle bacilli were also present. Autopsy showed a complete absence of typhoid lesions. The Widal reaction with serum drawn from the pleural cavity had been tried in a number of cases with varying results. In some it was negative, while in others a more intense reaction was obtained than when the blood was used.—*Australasian Med. Gazette*.

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#### CACTUS FLOWERS AS A REMEDY.

I have made no botanical study of the cactus family from a book; hence I know but little regarding names of different species. And when we read of spec. tinc. cactus flowers, I do not know whether it means the flowers of a certain species, or the flowers in general; but I do know something of the value of the flowers of one species.

I got two sections from a lady who had quite a variety, and this one she called the "night blooming cereus." I planted the sections by my barn. One threw out a great many branches, but no blossoms. The other branched but little, but bloomed freely. It climbed twelve feet to the roof and curved out so as to pass the shingles, and got on the roof, but jack frost was too severe for the part on top.

The reason the other did not bloom is supposed to be because it happened to be planted wrong end up. I let it grow for several years but as no blooms appeared, I dug it up.

I was rather startled one day when another plant-growing lady told me I had the "snake cactus climbing up my barn." So it seems that snake cactus is the common name for flowers that are variously styled "night blooming cereus," "cactus grandiflora," etc. It has a stem an inch in diameter, and gets no larger by age, and would doubtless grow fifty feet in length in a clear field. The bloom cannot be surpassed in beauty. I use only the light colored part of the flower, and its net work of delicate organs. So the home-made tincture of

cactus flower is of a bright straw color. I prepare the tincture before the flower wilts by cutting it up finely and covering it with strong alcohol in a wide-mouthed bottle. Frequent agitation for a few weeks gives me a very fine tincture that I value more than any other remedy for general use in heart diseases.

I could give several interesting cases, but will only state briefly that you can rely on it in cases of "fatty degeneration of the heart," and in weakened conditions of the heart, muscles, or valves. I sent some to a man at Redlands that was reported to have "water around the heart." A single ounce cured him. I ordered it given in doses of five drops three times a day.

So you see, with me, cactus is in the front rank of our little army of heart remedies.

Please remember that it is prepared from the fresh flowers of the "snake cactus," and I can vouch for no other.—OVID S. LAWS, M. D., in *Amer. Med. Journal*.

#### ADRENALIN AND ITS USES IN GENERAL SURGERY.

Under the above title an article appears in the October issue of the *Indian Medical Gazette*, from the pen of Harry Gidney, F.R.C.S. (Edin), D.P.H. (Camb.), etc. The author finds that "the clinical usefulness of Adrenalin is very great and extensive, and owing to its power of rapidly and effectively producing vaso-motor constriction, it is adapted to the treatment of all inflammatory conditions. The drug is also of extreme value in arresting hemorrhage during all surgical operations. It is indicated whenever and wherever any local hyperæmia exists, more especially in inflammations of mucous surfaces such as those of the eye, throat, larynx, pharynx, urethra, bladder, nose, rectum, vagina, uterus, stomach, etc. It is used not only to stay hemorrhage when it exists, but also as a preventive or controlling remedy, given either internally or externally prior to an operation, so as to lessen the amount of bleeding during the performance of that operation. It is a non-irritant to mucous membrane unless when used too frequently and in excess.

"On reading the literature on the subject," says the writer, "I find that Adrenalin is admitted to be the most powerful and rapid cardiac stimulant and tonic we have, being chiefly used in cardiac affections hæmatemesis, hæmoptysis, hæmophilia, hæmaturia, menorrhagia, post partum hemorrhage, purpura, scurvy, etc. It is said to be the most rapid restorative in chloroform and other forms of anæsthetic syncope, and in such cases it is advisable to administer it intravenously."

The author reports the results of several operations, major and minor, in which Adrenalin was employed. The first case was one of fracture of the vertex of the skull. As one of the larger branches of the middle meningeal artery had been torn there was profuse dural hemorrhage and capillary oozing which were controlled by the use



of the 1-1000 solution. In the second case, one of hemorrhoids, profuse bleeding was checked by the rectal insertion of a plug of cotton wool soaked with Adrenalin chloride solution.

The third case was one of skin grafting in which the author tried pressure to stop the capillary bleeding. As the procedure was somewhat tedious he applied Adrenalin chloride solution with almost immediate cessation of all oozing, and what is usually a lengthy and sanguinary operation was converted into a short and comparatively bloodless one.

The fourth case, one of hemorrhage after the extraction of teeth, and the fifth, which appears to embrace the author's experience in a number of cases of epistaxis, afforded additional opportunity to test the hemostatic effect of Adrenalin.

In case VI a post partum hemorrhage was checked by swabbing the uterine cavity with Adrenalin solution, while the same happy result was obtained in a case of secondary hemorrhage following an operation for the relief of a mammary abscess.

The author has found that the installation of a 1-5000 to 1-2000 solution of this drug reduces the inflammation and considerably cuts short the process of conjunctivitis. He usually applies it (diluted) over the inflamed parts by means of a soft camel's-hair brush. He always uses the preparation containing chlore-tone, which has a decided local anesthetic action relieving much of the photophobia and pain. He is fully convinced of the power of Adrenalin to arrest or lessen the bleeding that arises from the cut ends of the iris after iridectomy. He speaks highly of its efficiency in chemosis, cataract operations, evisceration of the eyeball, operations for ectropion, symblepharon and trachomatous pannus.

The author concludes that in all cases of minor surgery in which it is desired to arrest bleeding from any cut or exposed surface we have in Adrenalin a most useful, powerful and rapid drug—one that is non-poisonous, non-irritant and non-accumulative, especially in operations upon the conjunctiva and eyelids.

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#### A NEGLECTED PROFESSION.

The past twenty years have witnessed great strides in the attention paid by physicians and lay people generally to the problems of hygiene, and the modifications of sanitation, public and private, called for by this constantly increasing sentiment for better things have given rise to the sanitary engineer supposedly prepared to solve the problems as they arise. But though there be sanitary engineers not a few, if we may judge them by their fruits, the majority are of very mediocre calibre, and those who are entitled to be called experts are very hard to find. It seems to be a profession without leaders.

In the meantime there are large questions of public sanitation calling for solution. Amateur work in this direction is a very costly ar-

ticle, as witness the expense incurred by the city of Chicago in constructing a drainage canal to carry the city's sewage to the Mississippi instead of allowing it to flow into Lake Michigan, whence the supply of drinking water is taken. Yet Michigan water is still contaminated, and typhoid fever claims almost as many victims as before the inception of the great work that was confidently expected to remove the cause of the disease; and the conclusion has about been reached that until every city near the lakeside stops emptying its sewage into this receptacle that lies so temptingly handy, Chicago will reap no benefit from its costly enterprise, and that present necessity calls for the construction of filtration beds.

Fresh air is a vital necessity to health, and ventilation of public conveyances is not as yet satisfactorily provided. Within a short time the city of New York will be transporting great numbers of its workers through underground ways. It is to be hoped that the journeying to and fro in these tunnels will not mean a process of slow poisoning for the unfortunate travelers. The London "tubes," which are of comparatively recent construction, are far from perfect in this respect. Air on the streets of London near the Central London Railway was recently found to contain 2.83 parts of carbon dioxide in 10,000. The average of a series of tests taken shows the carbonic acid in 10,000 volumes of air on the railway system to be as follows: On platforms, morning, 4.23; early evening, 11.04; in cars during light travel, 4.83; during rush hours, 16.60. Authorities claim that six parts of carbon dioxide in 10,000 is the danger line. Culture experiments showed considerable bacterial contamination of the air. These results are a warning beforehand to those intrusted with the sanitary details of the work now under construction in New York.

Altogether there are many practical questions touching public health waiting for solution; have we the men solve them?—*North Amer. Jour. Homeopathy.*

#### The Bandage of Ophthalmology.

The indications for the application of bandages to the eyes are taken up by Dr. Ridder (*Jour. Med. de Bruxelles*), who classifies such bandages as protective and compressive. Indications for the former are given as follows: 1. In recent ulcers of the cornea, to gently close the eyelids, thus preventing friction from winking, and protecting the eye from dust, which, in the normal condition is washed from the smooth corneal surface by the tears, but in the presence of corneal ulcer is prone to settle in its base; 2, in superficial wounds of the cornea from foreign bodies, as a protection against infection; 3, in deep corneal wounds; 4, in grave forms of conjunctivitis, when one eye is affected, to prevent infection of the healthy eye; 5, after operations for cataract, iridectomy, etc.

The compressive bandage is indicated: *a.* In corneal ulcers in which the superficial layers have been destroyed, in order to aid the

posterior layers in resisting intra-ocular pressure; *b*, in mild forms of lagophthalmos a compressive bandage applied at night suffices to protect the eyeball from exposure during sleep. During the day, the sensation of dryness in the cornea will of itself provoke more frequent closure of the eyelids; *c*, in neuro-paralytic keratitis, in which condition, through paralysis of the trigeminal nerve the cornea partially loses its sensibility, and consequently the reflex closure of the eyelide to protect the cornea against external irritation, does not occur; *d*, in hernia of the iris; *e*, in corneal staphyloma, to obtain a flat, resistant cicatrix, the bandage should be worn a prolonged time; *f*, in keratectasia; *g*, in edema of the conjunctiva and eyelids; *h*, in subconjunctival palpebral emphysema.

#### The Infected Sleeping-Car.

The suggestion of the Public Health Association that greater care be exercised in the disinfection of the sleeping-coach will be considered great in line with sanitary progress.

It is generally admitted that the use of these cars is attended with considerable danger and the statement of the railroad officials regarding the care of the same indicate that radical changes are necessary to make the sleeping quarters clean and wholesome.

It will be noted that consumptives are constantly *in transitu* between New England and the Western and Southern States and the more advanced the case, the greater the likelihood that the sleeper will be the car occupied.

The same argument applies to other cases of illness, infectious and otherwise. Any compartment thus utilized must, under present conditions, prove a source of danger and a menace to public health.

In the construction of these cars too much is sacrificed to comfort and elegance, and the fittings and furnishings which go to beautify the interior render proper disinfection impossible.

Nothing should be used which cannot be taken apart and thoroughly cleansed, and all woolen materials should be abolished. The most scrupulous attention should be paid to bedding and toilet affairs.

The sleeping-car is a necessary evil and a model of discomfort at best, but it should possess one or two commendable features of which cleanliness is the most important.—*New Eng. Med. Monthly*.

#### Alcohol as a Disinfectant.

Schaffer (*Centralblatt für Gynäkologie*,) believes that it is impossible to render the hands sterile by any method of disinfection. After repeated experiments, he finds by scrubbing for five or ten minutes with green soap and for five minutes with absolute alcohol the best results are obtained. It is, however, necessary to change the alcohol after each washing. Moreover, the germ-destroying action of the alcohol is lost in a few minutes if the hands are immersed in watery fluids, blood, or serum. The principal value of alcohol, in the writer's opinion, is its power of removing fat and epithelium—that is, its mechanical purifying action,

## Eclectic Medical Journal.

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JOHN K. SCUDDER, M. D. MANAGING EDITOR.

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### IN MEMORIAM.

JOHN M. SCUDDER, M. D.

Born Sept. 8, 1829.

Died Feb. 17, 1894.

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### TIMELY REMEDIES.

With the alarming increase in deaths from pneumonia during the last week of December and the first week of January, it is well to restudy a few remedies that influence the respiratory apparatus. According to the daily papers there occurred in the city of Chicago, during the last week of December, 139 deaths from pneumonia, or 27 per cent. of the total mortality.

I am sure a multitude of witnesses could be summoned whose veracity can not be questioned, that will testify to a mortality of less than eight per cent. by the judicious use of the following remedies:

*Veratrum*.—This is the sedative of sedatives, where the sympathetic has lost control of the heart's action, and the circulation is running riot. There is excess of heart power as shown by the *free, full, and bounding pulse*. The lungs are engorged, the capillaries full and distended, and each pulse beat adds to the congestion. The action of *veratrum* is not erratic or uncontrollable, nor is it cumulative. It is quickly eliminated, and its effects easily controlled. In the early stage of pneumonia, with the full, free, bounding pulse, it has not its equal in therapeutic action.

*Aconite*.—This remedy influences specifically the respiratory apparatus. In laryngitis or croup there is none so good. In bronchitis it controls and soothes the irritable mucous membrane, restores secretion, and quiets the heart's action. In infantile pneumonia and in delicate adults, or where there is the absence of excessive heart power, *aconite* is the remedy. Its influence on the capillaries in strengthening them is evident, thereby relieving the respiration. It

adds tone to heart and capillaries by lessening the irritation and slowing the pulse. The *small, frequens* pulse, just the opposite of *veratrum*, is the symptom calling for its use.

*Bryonia*.—This is another excellent remedy in respiratory diseases, especially of the chest, pneumonia, bronchitis, and pleurisy. It influences favorably the respiratory circulation, by relieving irritation of the sympathetic. The *hard, quick, vibratile* pulse calls for bryonia. The short, hard, hacking cough, attended by pain in chest, always calls for bryonia. It combines nicely with either *veratrum* or *aconite*.

*Lobelia*.—In the small dose lobelia is one of the best stimulants to the sympathetic nervous system that we possess, and in capillary congestion of the lungs and bronchi, evidenced by the oppressed pulse, it is without a rival. In respiratory disease, with oppression of the chest, dyspnea and oppressed pulse, lobelia should be used. In infantile pneumonia and bronchitis, where the air passages are choked with mucus, lobelia is our most reliable agent.

*Asclepias*.—This excellent agent is sedative, diaphoretic, and expectorant. While it acts kindly alone, in pleurisy, pneumonia, and bronchitis, it seems to add to the efficacy of other remedies. Thus *aconite*, *bryonia*, and *lobelia* combine nicely with this agent. In the respiratory diseases of children, with sharp pain and dry cough, *asclepias* is the remedy.

The careful and proper use of these remedies, and the larded cloth dusted with compound emetic powder or the libradol plaster, will be attended by prompt relief and a safe and speedy recovery from the acute respiratory diseases that are prevalent at this season of the year.

R. L. T.

#### **POLIO-MYELITIS ANTERIOR.—Infantile Spinal Paralysis.**

*Definition*.—A motor paralysis of voluntary muscles, followed by atrophy and flaccidity of the affected parts; an altered electrical reaction and loss of tendon reflexes. The paralysis appears, as a rule, between the ages of two months and seven years, being rare in adults.

Polio-myelitis anterior may be acute, subacute, or chronic. The prodromata are not distinctive; there is usually fever for twenty four hours or longer; the fever may be mild or severe, accompanied with headache, anorexia, vomiting, delirium and convulsions; but in many cases the child awakes from perfect health paralyzed. In the subacute and chronic varieties of this affection the paralysis develops more slowly.

At first the child may be quite generally paralyzed, but soon a retrocession occurs, and in a few days or weeks most of the paralyzed muscles return to a normal condition. Later there may be still further improvement, and in time a complete recovery may occur. So long as there is electrical reaction in the muscles, although it may be feeble, there is hope for relief; some physicians claiming that even if only a few fibers remain intact the muscle can be built up by proper

treatment. Usually, however, a limb or a group of muscles remain permanently paralyzed. The permanent paralysis is more frequently of the left leg or right arm and in males, although females are not exempt.

*Symptoms.*—The paralyzed parts atrophy, they feel cold and clammy and are cyanosed; the circulation is poor, the limb shrinks, the bones cease to grow, and there is an arrest of development which causes the affected limb to be shorter than its fellow. The paralysis more often affects the leg muscles, and the flexors more than the extensors. Groups of muscles which act together functionally are usually paralyzed together. When the back muscles are involved spinal curvature may result; when the arm is attacked the forearm and hand muscles may escape. Various forms of talipes and other deformities occur in different cases. The parts implicated in this disease draw their nerve supply, as a rule, from the fourth and fifth cervical and fourth and fifth lumbar segments of the cord.

The cause of polio myelitis anterior is not definitely known, but age, sex, fevers, improper nourishment, and unhygienic surroundings may be regarded as predisposing influences. Life is not materially abbreviated by this affection, and the patient may live to a ripe old age. The arteries of the spinal cord are small and tortuous; blood pressure in them is low, but the walls are freely supplied with vasomotor fibres. Reflex influences may cause such a diminution in the walls of the capillaries as to render a small area of the cord anemic, while on the other hand reflex influences may result in minute hemorrhages, congestion, or inflammation. The peculiar sensitive nervous condition of childhood may lead, through a devious way, to polio-myelitis anterior. Exposure to cold, heat, indigestion, or the various derangements of childhood, may reflexly act on this part of the cord, and thus the activities of a temporary nervous derangement may be determined to the spinal cord from some existing debility or hereditary tendency.

*Treatment.*—Good hygienic surroundings, fresh air, and nourishing diet are among the important measures of treatment. The patient must be treated with care and patience, for it will require time to obtain results. Immediate relief must not be expected, and it is well that this should be understood by the parents and friends of the little sufferer, for it is only by persistent effort long continued that a cure can be accomplished.

Daily baths with scientific massage and the skilled application of electricity are our most effective agents. The various forms of club-foot and knee, hip or spinal deformities must be treated by the use of proper orthopedic apparatus, the object being to strengthen weak muscles and aid them in the performance of their functions until such time as they will no longer need aid. When the paralysis remains permanent and the neurons of certain muscles are

destroyed, joining a sound tendon to that of a paralyzed muscle sometimes results in recovery.

Such remedies as are indicated by the condition of the patient should be given. Among those most likely to be called for may be mentioned ergot, belladonna, kaliiod. strychnine, cod oil, hypophosphites, arsenic and iron.

L. W.

**DIED, PROFESSOR EDWIN FREEMAN, M. D.,** at his home in Cincinnati, January 4, 1904, aged 70 years.

EDWIN FREEMAN, M. D., was born in Milton County of Queens, Nova Scotia, January 1, 1834, being the eighth of a family of thirteen children. His father was a large landholder and manufacturer of lumber, and part owner of the ships in which he exported the lumber to foreign parts. The family was an old English family of Freemans, whose love of liberty was expressed in the motto on their coat-of-arms: "*Liber vixi et morie*"—"I have lived a freeman, and will die one." His mother was a Gorham, a family well represented in this country, and conspicuous for their sterling qualities. Dr. Freeman, even as a boy, was not of vigorous constitution; and to add to this misfortune, he sustained a fall upon a rock, which cut through his skull, leaving a permanent depression. He spent the earlier part of his life assisting his father in business and in securing a liberal education. Passing through the high school, he entered Gorham College, taking the classical course. During his second year the college burned, yet he continued his studies to the close of the year. Determining upon medicine for a profession, and, being well indoctrinated in Thomsonianism and botanic medicine, he resolved to enter the Eclectic Medical Institute, where, it was known, the American Reform movement was most advanced. Moreover, his elder brother, Dr. Zabeth Freeman, was a professor in the Institute. He matriculated at the age of twenty, in the winter session of 1854-5, graduating, after taking four sessions, in 1856. A portion of these years he also attended part of a session in the Ohio Medical College. While in college, he began his lifelong companionship with John M. Scudder, who was also a student and graduated with him. He now located in Cincinnati, and soon had a good medical and surgical practice. In 1857 he was elected Demonstrator of Anatomy in the Institute; and in 1859 he became Professor of Anatomy, which position he held until the breaking out of the Civil War. When General Kirby Smith threatened Cincinnati, Dr. Freeman went into Kentucky as Assistant Surgeon of the Second Regiment Home Guards, composed of citizens by wards, and afterwards organized into regiments. Here he remained until the city was out of danger. A call for candidates for assistant surgeons and surgeons for the army having been issued, Dr. Freeman, together with Dr. Scudder, repaired to Columbus, and presented themselves for examination. They were refused examination solely because

not of the regular school, while it was notorious that applicants who had but just graduated in the regular colleges were passed by the State Examining Board. The bitterness of bigotry was here well illustrated. The supply of surgeons of the regular army was limited, and Congress authorized the organization of a corps of surgeons and assistant surgeons of United States Volunteers, additional to the regular army. Dr. Freeman, armed with recommendations from Judge Storer, of the Supreme Court, and others of prominence in Ohio, applied to the Hon. Salmon P. Chase, Secretary of the Treasury.



EDWIN FREEMAN, M. D.

He was referred with recommendations, by Mr. Chase, to the Hon. E. M. Stanton. An order, admitting him to admission for examination by the Medical Board, then sitting in Washington, was given him. He sustained a verbal and written examination of six days' duration, being the last one left at the table, which resulted in a recommendation for appointment. On November 7, 1862, President Lincoln appointed him assistant surgeon of United States Volunteers, which appointment was confirmed by the Senate. Returning to Cincinnati, he resigned his college position, and, upon orders, reported to the medical director of the Army of the Potomac, then, before Fredericksburg. He was assigned to the light artillery Second Division, of the Ninth Army Corps, of the Army of the Potomac. At the battle of Fredericksburg and the subsequent campaigns of that corps in Virginia and Central Kentucky he cared for the sick and wounded. At Vicksburg, Miss., he had the surgical care of Roemer's Battery L, of Second New York Artillery, and of other batteries of the division. He was with the Ninth Corps in the second move upon Fredericksburg, the march to Bell Plains, and transportation by canal boats to Fortres Monroe, and Hampton, Va., and in the march to Newport News; with the First and Second Divisions when sent by way of Baltimore to Central Kentucky to increase Burnside's force. While at Crab Orchard, Ky., May 29, 1863, he was ordered by the surgeon general to report at Cincinnati as a member of a Board of Examiners for assistant surgeons of United States Volunteers, June 1st. Being the junior member, he was *ex-officio*, secretary of the Board. He reported June 1st, and on June 2nd, when he was told that the meeting was postponed to Thursday. On Thursday he was told that there would be no meeting for a week, as the candidates had

At the end of the week he was shown an order relieving



him from duty on the Board, and ordering him to duty with the command to which he had previously been assigned. This subterfuge was the work of a medical clique in Cincinnati, which degraded itself in denying equality before the law in the great contest for right against wrong. Dr. Freeman's appointment had come unsolicited and unknown beforehand from Surgeon-General Hammond, and the change of orders, through pressure in Cincinnati, also unsuspected by him, was made by acting Surgeon-General Smith in the absence of Surgeon-General Hammond. His work was now transferred to Vicksburg. On the way by transport the doctor was taken violently ill with congestion of the liver, and was barely able to reach Haines Bluff in the rear of the beleaguered city. He was quickly seized with the prevailing, and at that time very fatal, typho-malarial fever. After six weeks of suffering he was transported to the camp back of Covington, and on sustaining a second attack a leave of absence was granted him to recruit his health. At the expiration of his time he proceeded by horseback through Kentucky in company of an ammunition train for protection against bushwhackers. At Knoxville, Tenn., he rejoined his command. He participated in the siege of Knoxville, and at the battle of Fort Sanders. At the latter place, in the midst of a terrific shower of bullets, he attended to the injured inside the fort, and after the battle to the wounded Confederates in the ditch outside. On February 29, 1864, he was assigned to duty with Dr. Stanton, superintendent of Hospitals at Columbus, Ohio, serving as acting superintendent in the absence of the latter. April 16, 1864, he was appointed president of a Board of Examiners for transferring the Veteran Reserve Corps. Repeated attacks of malaria and a partial amaurosis caused him to offer his resignation from the service March 23, 1864. On the day of its acceptance, April 19th, he received a commission as surgeon of United States Volunteers, dated April 5, 1864. This promotion by the President was made on recommendation of the officers and surgeons of the army corps in which he had served. The first appointment, after the examination at Washington, and the subsequent preferments and promotions demonstrate conclusively that the refusal of the Examining Board at Columbus to admit him to examination was an arbitrary act, exercised because they had exclusive control, and in such a manner as to deny the right guaranteed by our free institutions.

In June, 1864, Dr. Freeman married Miss Rozella A. Ricker, the beautiful and accomplished daughter of Major Elbridge G. Ricker, of Locust Corner, Clermont County, Ohio. In February 1866, Dr. Freeman removed to New York City, having been appointed Professor of Anatomy in the Eclectic Medical College of that city, and while there did the operative surgery of the Eclectic physicians of that section. In 1870 he was appointed Professor of Surgery in the New York College; but in 1871 he returned to his Alma Mater to accept his former chair of Anatomy. Dr. Freeman also delivered courses of

lectures on Topographical Anatomy before the Cincinnati Art School. In 1887, on account of ill-health, he went to California and determined to try ranching. In 1892 he returned to Cincinnati, and was appointed to the chair of Surgery in the Eclectic Medical Institute, serving until 1899, when, owing to increasing debility, he was made Emeritus Professor of Surgery.

Dr. Freeman was a member of the Ohio, California, and New York State Eclectic Medical Associations, the Cincinnati Eclectic Medical Society, and the National Eclectic Medical Association, and has contributed many valuable papers. He was also a companion in the Military Order of the Loyal Legion of the United States. He has been a voluminous contributor to various medical journals, wrote a portion of Farnum's work on "Deformities," and at one time was assistant to R. S. Newton, M. D., on the *Medical Eclectic*.

Dr. Freeman taught Anatomy and Surgery for thirty two years—Anatomy in the Institute twenty-one years, in the New York College four years; Surgery in the Institute seven years. He was a profound anatomist, a thorough teacher, and enjoyed the good will of his colleagues. His loss will be mourned by the hundreds of physicians who graduated under him.

H. W. FELTER.

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#### CATARRHAL LESIONS.

At this season of the year, catarrhal lesions give the practitioner no little solicitude, in regard to what organs will sustain the most violence from the onset of the catarrhal diseases which are now in full force. It seems that every year has brought new complications, or that we are learning more of the effects of la grippe upon the different patients who are so unfortunate as to have recurring attacks.

In some cases it takes on the form of a mere catarrhal condition of the mucous membrane of the nose and throat. This may last for a time, and under mild, stimulating treatment subside; only to be renewed with increased vigor, pushing and advancing the catarrhal lesions downward through the trachea and the œsophagus: in the former instance producing bronchitis; and where the catarrhal conditions are abruptly checked by congestion or severe chilling, pneumonia on the one hand, or a gastro-intestinal lesion on the other.

And with this gastro-intestinal lesion there is nearly always a complication involving the liver and its gall-bladder, the patient jaundiced, with the many bad conditions that follow in complications of the liver. And, be it said, in many instances following this catarrhal condition of the gastric and hepatic lesion, there is left a permanent lesion in the shape of a catarrhal condition of the gall-bladder; which, with its thickened product and inflammatory condition of the mucous tissues, obstructs the lumen of the tube of the gall-bladder: so much so that the contents act not unlike a foreign body in the vesicle, often-times requiring surgical interference in the shape of incision into, and

attachment of the gall-bladder to the womb, and drainage, before the patient ultimately makes a recovery.

Again, should the catarrhal condition extend beyond the chylipoetic viscera, we have in its downward course the provoking cause of many cases of appendicitis; also lesions of the kidneys and bladder. Especially is this latter condition made manifest in the aged.

The remedies in this catarrhal condition should be thought of in two different classes: the first, those milder forms of medication to meet the active inflammatory conditions, and mollify them as much as possible, lessening their invasion; and as the case progresses, the remedy should give way to those of a stimulating and tonic nature, aiding in nutrition to the parts affected by the catarrhal condition. I think that there is no remedy better than chionanthus in combatting the disease where the stomach, liver and intestinal tract have become involved. Where it has taken on a chronic form, pulverized podophyllum, or the crude mandrake root, carefully prepared, pulverized and rubbed in sugar-of milk, about one of the former to ten of the latter, given in two grain doses four to six times daily. As an adjunct to other remedies this one remedy is par excellence.

In the same connection I think of elixir of calisaya, iron and strychnine, aided by a reliable pepsin with specific tincture of nux, in about the proportion of four ounces of essence of pepsin to which is added one dram of specific tincture of nux vomica: giving of this latter mixture one teaspoonful after each meal to aid digestion, and for its digestive effect upon the catarrhal exudates of the mucous tissues.

L. E. R.

#### FLORIDA.

While in that part of the country, I extended my visit to the interior of Florida as far down as Sanford, and from there across to New Smyrna on the Atlantic coast; thence returning by way of Daytona and St. Augustine. I found the weather very cold indeed; and I noted the condition of quite a number of invalids encountered on the way south, seeking better climatic conditions. In two or three instances the parties, after traveling two hundred miles south from Jacksonville, became discouraged and immediately set their faces homeward, disgusted and disheartened.

In the hotels and depots of the South there is very little provision made for fire and the comforts which should be given to invalids, —or for that matter, to the common traveling public from the North, who are seeking a more congenial clime.

For the benefit of those practitioners who advise their invalid patients to seek Florida as a better climate during the early part of February, I would suggest that they do not allow them to stop north of Tampa on the gulf coast, or of Palm Beach on the Atlantic coast; as they will experience the sudden changes in the weather, and that piercing cold, for the advent of which the hotels and the natives are

not well prepared. Many or nearly all of the buildings are erected on stilts two or three feet from the ground ; and when a good Northern wave with its frost descends upon them, it makes them think of everything but the infernal place,—and then they generally wish they had a little of the hot wave from there.

L. E. R.

#### INCOMPATIBLES.

Every day some physician questions a phenomenon that, if the remedy is right, should be. Questions, because a change occurs to attract attention. Scarce a day but some physician writes a letter asking if this or that preparation some pharmacist has made is wrong because, seemingly, it is incompatible in mixture. Nor is this unexpected. Physicians cannot be thorough physicians, and expert in pharmacy as well. But to resume. Now the question is "Staphisagria mixed with water turns milky, an oily substance rises to the surface. Is this as it should be?" Yes, for Staphisagria is greasy, very. The separated oil is as natural as if an alcoholic solution of castor oil were mixed with water. Try the experiment, and see if the mixture does not turn milky, see if an oily layer does not rise to the surface.

Now comes a question concerning Podophyllum, for a precipitate forms when it is mixed with water. This, too, is as it should be, for the resin of podophyllum is not soluble in water. The same rule applies to macrotys, jalap, and other resinous drugs. In a similar way, the oleo-resins separate: for example, iris versicolor, silphium, rhus aromatica, etc. All such as these should do this very thing, and when such remedies are added to aqueous liquids, the prescription should be shaken before each dose is taken.

J. U. L.

#### THE NEW YORK ECLECTIC MEDICAL COLLEGE.

The Eclectics of the State of New York are to be congratulated on the very creditable manner in which the managers of the New York Eclectic Medical College have cared for its interests, and prepared for their accommodation in the future. Without regard to expense, the Trustees and Officers of this Institution have re-arranged, have added to, have in fact reconstructed this Institution, so as to make of it practically a new college. The front has been elaborated and reconstructed. A flight of broad steps extends across the entire front, that leads to a new entrance, over which, extending across the whole front of the building in conspicuous words is announced the title of the College. Inside the door, the visitor passes into an entrance in keeping with the expectations he forms from the face of the building. A roomy corridor, cleanly painted, with tiled floor, leads to the steps which, broad and of easy access, conduct him to the upper stories. And as he progresses from the first to the second floor, and on upward, he will find lecture rooms and ante-rooms, students' and professors'

rooms, such as will impress him with the thoroughness of the work of reconstruction. The entire inside of the building has been newly painted, clean and white, the floors have been relaid of the best hard wood, bronze chandeliers, recitation rooms, dissecting rooms, all in accord with the practical demands of the times. In the rear is to be seen a paved court, newly cemented, extending to the alley. Take it all in all, and without any ostentation, the New York Trustees and officers have "done themselves proud," in thus presenting a building creditable to all concerned.

Now let Eclectics of the East, the whole East, fill the College with students. Not less than one hundred should matriculate the coming session. There is ample room, every facility necessary to a teaching college, and an enthusiastic corps of professors, earnest, qualified, ready to do their share. As a visitor and an Eclectic, we are proud in behalf of our people, and because of this pride we rejoice with the Alumni, the Officers and Faculty, the students and the Eclectics of the East, who are so finely served in the new college. J. U. L.

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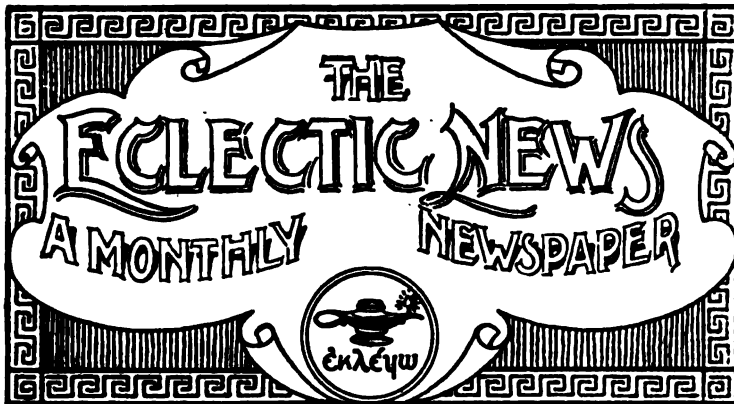
#### SURGICAL MISCELLANY.

During the holidays I was called to Fitzgerald, Ga., to perform an ovariectomy in the practice of Dr. C. B. White, who is one of the leading physicians. Dr. White made a very decided diagnosis of a multinodular tumor of the patient, Mrs. K——, age twenty. The doctor invited all the leading physicians of his city to be present at the operation, and they seemed greatly pleased with the outcome.

Upon making the median line incision we found that one of the tumor masses had become attached by adhesive inflammatory exudate to the anterior abdominal wall, so that much dissection was necessary, pushing the peritoneum at the expense of the tumor wall, before we could make the intrusion within the abdominal cavity. At this stage of the operation the trocar and the canula were introduced, and about four gallons of thick fluid were removed; after which the tumor wall was removed from the abdominal parietal wall, and with much effort, the many nodules of the tumor were one after another pulled out of the abdominal cavity.

After the Staffordshire knot was placed around the pedicle, an examination of the opposite ovary and tube was made. As the ovary was nearly the size of a man's fist, and a cystic degeneration had already commenced, we were obliged to remove the ovary and tube. On account of the adhesion of the tumor mass to the abdominal parietal wall, and much oozing of blood, we placed a yard of iodoform drainage gauze through Douglas cul-de-sac; this was removed by piecemeal at the expiration of the third day.

A letter from Dr. White, dated January 12, gives the following report: "Mrs. K. is out of all danger. I removed the long suture on the fifteenth day. Everything is O. K., and all are well pleased and happy with the results." L. E. R.



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## BOOK NOTICES.

**SELF CURE OF CONSUMPTION.** By C. H. S. Davis, M. D., 12 mo., 176 pages. Cloth, 75c. New York, E. B. Treat & Company.

This is an admirable little work on the self cure of consumption without medicine, with chapters on the prevention of consumption and other similar diseases. There are very many interesting points in the book and some of the arguments are undoubtedly well founded. It is even a book which could be read to great advantage by the laity.

**THE PRACTICAL CARE OF THE BABY.** By T. W. Kilmer, M. D., New York, 12mo., 68 illustrations. Cloth, \$1.00. Philadelphia, F. A. Davis, Co., Publishers.

This is a handy little book for the household and will give many valuable ideas to the mother and nurse. It contains 68 illustrations and chapters devoted to bathing, clothing, growth, development, teething, exercise, nursing, mixed feeding, giving various tables and describing the utensils necessary for the modification of cow's milk and preparation of the various foods on the market, following with short paragraphs on emergencies and handling of children's various diseases.

**CLINICAL TREATISES ON THE PATHOLOGY AND THERAPY OF DISORDERS OF METABOLISM AND NUTRITION.** By Prof. Carl Von Noorden, of Frankfurt a-M. The authorized American edition translated under the direction of Boardman Reed, M. D. Part IV—*The Acid Intoxication*, by Prof. Carl Von Noorden and Dr. Mohr. 80 pages; price in boards, 50 cents. E. B. Treat & Co., New York City.

This is the fourth of a series of monographs by Dr. Von Noorden upon Diseases of Metabolism and Nutrition. The others are: I—*Obesity*, the indication for reduction cures, etc. II—*Nephritis*, treatment of various forms of Bright's disease, etc. III—*Colitis*, a mas-

terly treatment of membranous catarrh of intestines, etc. Vols. I, III, and IV are 50 cents each; Vol. II, \$1.00.

It is due to the disorders of metabolism and nutrition that degenerative changes cut short the activities of so many men and women in middle life, that, in these latter days, senility and death itself come prematurely to a very large proportion of mankind; hence these books are most interesting and valuable to the physician.

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**THE PATHOGENIC MICROBES.** By M. Le Dr. P. Jousset, 192 pages. Cloth \$1.08 Philadelphia, Boericke & Tafel.

This is an interesting book written by a French Homeopath, and translated into English by Dr. Horace P. Holmes. We do not believe that the Homeopathic profession, as a rule, in this country, inclines quite so strongly to the bacteria origin of disease.

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**ORGANIC AND PHYSIOLOGIC CHEMISTRY.** By Dr. A. McGlannan, 12mo., 246 pages. Cloth, \$1.00. Lea Brothers & Co., Philadelphia, Pa.

This is intended as a manual for students and practitioners and is one of the medical epitome series edited by Dr. Pedersen. This manual goes extensively into blackboard and theoretical chemistry, and is a condensation in many ways based upon the larger Simon's Manual of Chemistry.

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**SYLLABUS OF LECTURES ON PHYSIOLOGY.** By W. H. Bigler, A. M. Second Edition. Revised and Enlarged. 206 pages, flexible, \$1.60. Philadelphia, Boericke & Tafel.

This is the first book which has come to our notice on physiology, emanating from the Homeopathic school. It is very well arranged and is much more elaborate than the ordinary run of compends, and would undoubtedly prove very useful to any graduate preparing for a state board examination.

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**COMPEND OF GYNÆCOLOGY.** By Dr. Wm. H. Wells, 12mo., 293 pages. Cloth, 80c. P. Blakiston's Son & Co., Philadelphia, Pa.

This is the third revised and enlarged edition, and contains 145 illustrations, which has been previously reviewed at some length. While we cannot altogether recommend compends for medical students, we do recognize their value if used supplementary to standard text-books. This compend compares favorably with the seventeen others issued by this firm.

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We have just received the fifth annual report of the Indiana State Board of Medical Registration and Examination for the year ending Dec. 31, 1902. It contains a copy of the Indiana law, minutes of the meetings, various sets of examination questions, proceedings of the Board and registration of physicians by counties.

Dr. M. S. Canfield, of Frankfort, Ind., the Eclectic member of the State Board, has favored us with a copy of the fifth annual report of the Indiana State Board of Medical Registration and Examination for the year ending Dec. 21, 1902. It contains the usual proceedings of the Board, the various questions used during that year, and the usual resume of the medical practice acts of the various states, followed by accurate lists of registered physicians of the State by counties and school of practice with date of graduation.

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### COLLEGE AND SOCIETY NOTICES.

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The next quarterly meeting of the N. W. Ohio Eclectic Medical Association will be held at the Forest City House, Cleveland, March 10, 1904. Secretary Dr. W. K. Mock writes us that the last quarterly meeting in December was a grand success, full of enthusiasm and profitable to all who attended. The papers read were first class and freely and ably discussed.

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The quarterly meeting of the Northwestern Ohio Eclectic Medical Association was held at the Phoenix Inn, Findlay, Tuesday, Jan. 12, 1904. The president, Dr. W. N. Mundy, delivered an interesting address, followed by report of Committee on Clinics. The following papers were read; Scarlatina by Dr. A. M. Keyser—Therapeutic Scepticism by Dr. W. N. Mundy. Several interesting clinics were brought before the meeting.

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The 30th annual meeting of the Georgia Eclectic Medical Association will be held at Atlanta, March 30 and 31, 1904. On the evening of the 31st, the annual Commencement Exercises of the Georgia College of Eclectic Medicine and Surgery will take place in the Assembly Hall of the Kimball.

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### PERSONALS.

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Married at Orlando, Okla., Dec. 23, 1903, Dr. Thomas L. Sharp, E. M. I. '03 to Miss Anna Dorr.

Wanted, assistant Physician. For particulars address with stamp, Dr. D. J. Turner, Cheney, Wash.

Died.—Dr. C. S. Callihan, of Prestenburg, Ky., on Nov. 14, 1903. His eldest son, W. R. Callihan, E. M. I. '03, has taken up his father's practice at Prestenburg, and another son, G. D. Callihan, who is now a senior student here, graduates in April, '04.



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READING NOTICES.

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I have used more or less of the two elegant preparations, Peacock's Bromides and Chionia during the last two or three years and must say with very satisfactory results.—B. A. BOBB, M. D., Mitchell, S. D.

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Dr. O. Henly Snider, Atlanta, Ga., says: "I have proven SATYRIA's remarkable value in kidney and various urinary affections; one case especially of chronic nephritis being improved as no other medicine could do that I have tried."

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I have used Seng and Cactina Pillels in my practice and find that they are all that has been claimed for them. Seng is excellent in those forms of indigestion following chronic catarrh of the stomach and bowels. I like the effect of Cactina Pillels in weak heart. I have used it for the past seven years.—A. M. ARMSTRONG, M. D., Crawford, Tex.

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This is the season of chronic coughs, bronchitis, etc., and Creosote is one of the best remedies for pulmonary and bronchial troubles, having received the strongest endorsements from the most prominent physicians all over the country. Killgore's Creosote, which is fully up to all of the highest professional requirements in every particular, has been used with the greatest success by the best men in the profession. It mixes with wine, milk or water, and is readily assimilated by the most delicate stomach. Additional particulars and clinical reports can be had from Charles Killgore, at 82 Fulton st., New York.

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The wide range of usefulness of Hayden's Viburnum Compound in obstetrical practice should make for it a place in every obstetrical satchel. In many instances the physician is not called in until threatening symptoms manifest themselves, which to the trained obstetrician points to abortion. Unless prompt action is taken premature birth will result. "H.V.C." exerts a sedative effect upon the nervous system and controls uterine contraction and hemorrhage. Through the three stages of labor its usefulness manifests itself. The spasmodic rigidity of the os is relaxed; after pains and dangerous flooding are controlled; and in all it is a most important addition to the obstetrical armamentarium; it is not a narcotic and offers all the advantages of Ergot without any of its dangerous after effects.

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Dr. W. J. Parker, truthfully states in the January *Medical World* that "the season for pneumonia is here," and it may be of interest to the reader to know that he has found an excellent remedy for the cough and restlessness which are such distressing symptoms of this dreadful malady in antikamnia and heroin tablets. Each of these

tablets contain five grains of antikamnia and one-twelfth grain heroin hydrochloride, and the dosage is one tablet every two or three hours according to the exigencies of the case, or at the discretion of the attending physician. We may also add, that Professor Uriel S. Boone, of The College of Physicians and Surgeons, St. Louis, also reports most satisfactory results with this remedy in pneumonia, bronchitis and la grippe, particularly in relieving the accompanying spasmodic coughs and muscular pain.

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That Petroleum has unique influence upon certain morbid conditions of the animal economy is not a matter of theory only. It is a fact that has been conclusively proven by elaborate, scientific experiments. Clinical experience has likewise demonstrated that petroleum is universally beneficial in the treatment of bronchial and pulmonary complaints, and that in tuberculosis it is by far the most effective remedy. Given in the form of Angier's Petroleum Emulsion it has a well defined, specific, palliative influence upon the symptoms of the disease. It maintains normal nutrition and actually compels the digestion of food by facilitating and expediting the process of digestion and assimilation. In short, it supplants tissue waste by tissue reconstruction. Each fluid ounce of Angier's Petroleum Emulsion with hypophosphites contains thirty-three and one third per cent. of specially purified crude petroleum, nine grains of combined hypophosphites of lime and soda, with chemically pure glycerine. It is a perfect emulsion. Placed under the microscope, physicians can easily verify this point for themselves. They will find the oil globules very minutely and evenly subdivided. The emulsion is pleasant to take and is easily retained by the most delicate stomach.

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I have just had such a remarkable cure of a case that I feel it my duty to report it. Nov. 20, 1903, I was called to see Mr. B., aged 73 years; kidneys congested; bladder irritable; only one ounce of urine passed in thirty-six hours; both legs three times their normal size; abdomen full of water; heart action bad; difficult breathing. Tested urine, but found no albumin; urine full of pus, blood, urates and phosphates. Put him on Sanmetto and digitalis; punctured the legs (and they have dripped gallons of water—thought he would die). After six days, slight improvement. Kept up treatment, and at this date, Jan. 13, 1904, the swelling is gone and the breathing easy, urine nearly normal, appetite good, and almost well. He is now on the eighth bottle of Sanmetto. It is the most remarkable recovery I have had in twenty-seven years' experience, and I am compelled to give Sanmetto the praise. It is a grand medicine.—G. H. F. HOUSE, M. D., Indianapolis, Ind.

Coca is the leaf of an *Erythroxylon* shrub indigenous to equatorial America, employed during many hundreds of years, empirically, as a sustainer and restorer of muscular force.

There are several varieties of Coca, among which the aromatic or "sweet" leaf contains little, if any cocaine, and is the only kind used by the natives. This is the Classic Coca to which phenomenal properties are ascribed. The "bitter" leaf which they reject, is exclusively employed for cocaine extraction. Even since the popular introduction of cocaine, the natives will not use that alkaloid which creates excitement without sustaining muscular power. Thus it is shown, even empirically, that the properties of True Coca cannot be substituted by cocaine. A fact upon which all observers agree, but which is not yet generally recognized.

Mariani, of Paris, was the first to introduce Coca in available form; he recognized nearly half a century ago the great difference in Coca leaves, and by a special blending of the sweet leaves, carefully treated in nutritious French wine, produced his unequaled neuro-muscular stimulant, which, as a trustworthy preparation, has won high standing in the profession abroad and in this country by all practitioners who have subjected it to test.

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According to the Editor of the Medical News, John P. Percell, of New Dorf, Staten Island, has just recovered \$5,000 00 from a reputable physician in that town. The case was founded on a supposed confusion of Bronchial Pneumonia and Diphtheria. A good deal of irrelevant evidence was allowed, and the hard working physician had to pay the bill, although it was clearly shown that he was not technically at fault. While the courts seem to be friendly disposed toward all forms of quackery, they are too often disposed to be too severe on the regular practitioner, especially if there is any political influence. It is in cases of this kind when the protection of the Fidelity & Casualty Co., of New York, is most appreciated, especially as the expense is very light, and the security and reliability of the very highest order.

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Aletris Cordial Rio is indicated as a prophylactic against post partum hemorrhage, uterine weakness, great development of the fetus and of the adnexa, and in those cases in which there is disposition to hemorrhage.

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**SPECIAL OFFER.**—Professor Lloyd's Etidorhpa, Stringtown on the Pike, or Warwick of the Knobs. One Dollar each to our JOURNAL subscribers renewing now.



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## ORIGINAL COMMUNICATIONS.

### SOME OF THE REFORMERS.

By Alexander Wilder, M. D., Newark, N. J.

**W**ITH the older pioneers of Reform Medicine I was never familiar. In those days the means of communication were not easy, and as a rule they were isolated to a great extent and often entertained strong feelings of rivalry and jealousy. When we recall the fact that Dr. Wooster Beach and Dr. Elisha Smith were in New York simultaneously, that each published works on Botanic Practice, that each established a school for the instruction of medical students on substantially the same basis, and each stood at the head of a medical society, we may form some conception of their sentiments. Their disciples fraternized in later years, and I never ascertained to my satisfaction why the principals did not. They certainly lost much and missed many opportunities, while I am unable to conceive of any commensurate advantages. Brooklyn had not become a city and New York did not extend in population to Union Square and 14th street. The two men, I think, were upright, conscientious and honest in business transactions, and now that both are long dead one wonders why they did not harmonize. They might in twenty years have led the medical ranks into the Reform camp.

But I apprehend that it was as it has been since, that the Reform cause suffered worse from its adherents.

The Thomsonian's who to some extent antedated the movements of Doctor's Smith and Beach, had an analogous history. The Thomsons, father and brothers, were staunch as few others have been, but they failed to hold their associates. After the death of John Thomson and his more distinguished father, the rival Thomsonians won their

field from them, but somehow have not succeeded in retaining the ground in which the Botanic school had its most signal victories. It required persecution to make the Reformers keep step together, and when the medical statutes were abrogated they seemed to be unable to find motives for maintaining organization.

Political conditions also intervened. The animosities of North and South, and the events of the war between the States, operated to distract popular attention from medical questions, and the medical schools were generally closed. Thus in the South where Botanic Medicine had gained a strong foothold, surpassing even the North, there could not be found after 1865 material enough to organize over. East of the Allegheny mountains Thomsonianism is forgotten—certainly unrepresented. Perhaps others have not a much better story to tell. Political parties, religious bodies, and even legal documents, are not the same in a succeeding generation; and medical notions also shift.

I first came in contact with the name and views of Wooster Beach while in early youth. He was somewhat noted as a religious man of peculiar views, which he did much to disseminate. In those days men's views on religion were very strenuous. I have heard Universalists denounced as vicious, Quakers as irreligious, and others as equally faulty, where now there exists much courtesy.

Doctor Beach was a native of Fairfield County in Connecticut, but derived his first notions on a Reformed practice from Dr. Jacob Tidd, of Hantredon County, in New Jersey. He held discussions with Dr. Isaac Sperry and his relatives in Connecticut. He was less ultra in his notions than they, and was more ready to adopt any procedure that would benefit a patient. In one of these discussions he remarked his willingness to accept from others their notions, when he found these to be of utility.

"Thou art not a reformer," said Dr. Sperry; "You are only an Eclectic."

"You have given me the word which I wanted," Beach replied: "I am an Eclectic."

After the endeavor to establish national organizations, both by Thomsonians and Eclectics in the "Forties" and "Fifties" showed signs of desuetude, a convention at Baltimore propounded a platform on which it was believed all parties might unite. Many of the Thomsonian societies adopted the new name of "Reform" and in Newark and other places Eclectics coalesced. Even the National Eclectic Medical Association adopted the platform.

It was at a meeting of the Reform Medical Society of the State of New York in 1858, that I saw Dr. Beach. He was dark complexioned, and stooped in figure. Being invited to address the meeting he congratulated those present, and assured them of his confidence and hearty sympathy. He plainly conceived them to be supplementing the work which had engaged him for a generation.

He was infirm in health and died a few years afterward.

Cyrus Thomson whom I was acquainted with was hardly a representative man even in his own family. But he possessed characteristics that were noteworthy. He looked more like a country farmer than a physician. He had grown up without schooling, only having aided his father in his pursuits. Boys in those days had to undergo stern discipline at home as being naturally depraved; and to do a full share of laborious work. At seventeen he was passed over to his grandfather at Jericho, Vermont, where he spent four years. Here he was required to work from early morning till nine at night, doing the work of two men, and receiving simply his board, necessary clothes, and at the last a dollar in money.

Similar to this was the training of many of our pioneers, whom it is found so easy to traduce for ignorance.

At twenty-one, January, 1818, young Thomson set out on foot for Ohio, taking up his abode near Cleveland. Next winter he returned East, procured an outfit of commodities and journeyed back. A thaw stopped him at Rawlins and he stopped with Mr. Rue, a Thomsonian practitioner. The two visited patients together over a circuit of twenty miles in an ill-settled region. Some of their patients had been already abandoned to die. One of these, a woman with an abscess of the lungs died the next day after their visit, and the physicians of the region, then and since notable for partisan intolerance, procured their prosecution for manslaughter. This could not be shown, as thirteen doctors had already predicted her dissolution, but they were able to fix on them the charge of practicing medicine without a license.

Young Thomson took this for a call to give up agriculture, and so remained in Onondago county, and engaged in medicine. He was of powerful physique, rare discernment, and soon gained general confidence.

The next autumn he was indicted for murder, but no constable would arrest him until he looked one up and gave himself in custody. The effort was made to induce him to run away, but before the time set for trial the doctor who instigated the prosecution became himself a fugitive, and the case fell to the ground.

Again he was prosecuted for murder of another patient. A child with consumption had died on his hands, suffocated by gas. Perjury was red hot this time, insomuch that the District Attorney hastened to reset the case and the presiding judge refused to put the suit on the defense, and the verdict was: "No cause of action."

A daughter of Dr. Thomson became a physician in her town. I saw her in Hartford, Conn. She was a strong partisan of Specific Medication.

Pardon Sumner Lapham, of Dutchess County, was a character in his way. In boyhood he went to sea at New Bedford, and he followed the ocean for seventeen years. He then engaged in the study of medicine with his cousin, Dr. Thomas Lapham. He was one of the

strong men and had many adventures. For humor he had few superiors. He lived till ninety. Speaking of his adventures he said :

"I have passed over the Jordan river—walked over with dry feet; been at Baalbak and seen the ruins of the greatest city that ever existed."

His were the days of the stage-coach; there was neither Harlem nor Hudson River Railroad. He was journeying from New York to Albany. As usual, the coach was crowded, and as was often the case there was an inquisitive passenger. He became very disagreeable. Observing that Dr. Lapham had but one arm, he asked him how he came to lose it.

"I will tell you," said Dr. Lapham, "if you will promise not to ask another question."

The promise was made and the doctor replied :

"It was bit off."

The passengers were in an uproar of laughter, but the questioner was left to suffer ungratified curiosity. During his sailor days, Dr. Lapham had encountered a shark.

Doctor Elijah Whitney was a very painstaking practitioner, and a scholarly man. He was also what most physicians seem not to be, a philosopher. He had been a student of theology, taught for a season in the Lane Theological Seminary at Cincinnati; and after lecturing etc., for several seasons on temperance, became a pupil of Dr. Beach, and pursued the practice of medicine. When there were numerous societies in New York, he also formed one—the American Medical Association. He carried on a Dispensary for many years, and expended much effort to procure an Eclectic Hospital as well as college. He had almost persuaded Mr. Roosevelt to establish the Hospital as a new school enterprise, in which case Dr. Edwin Freeman would have been head of the staff.

Dr. Whitney had the ear of the city authorities and for a time effected much to make the Reformed practice popular. When I first saw him he told me of his method of treating cancer. But I never heard more of it, and inferred that he found it unserviceable. He was not a man to exploit himself by any untrustworthy expedient. He introduced Dr. J. Marion Sims in New York. Such are some of the material from which Medical Eclecticism in the East was developed. There were others of perhaps equal or greater repute, but these were men who did their work faithfully and thoroughly. It took such men to break the way, and but for them there would have been none after them. It seems curious to me now to hear them spoken of as narrow and illiterate. I do not think that any of us have great occasion to boast of our learning, and if we have we owe it in a great degree to those men who created for us the opportunity. Meanwhile I prefer a an illiterate man with tact, intuition and common sense to the man whom schools have created. I knew one such man, and though his

pronunciation and ill-used terms often annoyed me, I never saw his superior for skill. I only regret his defects.

Better is a poor and wise child than an old and foolish king.

#### ELECTRICAL HIGH-FREQUENCY.

By H. L. Henderson, M. D., Astoria, Oregon.

AS a usual thing, I am strongly inclined to conservatism in the application of new treatments, new remedies, etc. I generally let the other fellow do the experimenting, and when he has proven beyond the possibility of a doubt the efficiency of a method or a remedy, then I am ready to take up the matter and use it for the benefit of my patients. In the present instance, I wish to report several cases treated by means of what to many is a new method of applying electricity. And while I am fully aware that the number of cases that I have to report at this time are not sufficient to establish the efficiency of the method, still, reporting them may serve to awaken interest in the subject in the minds of others, and thus finally an aggregation of clinical reports from various sources will place the method in the category to which it belongs by right of efficiency.

Several months ago I purchased from one of the leading manufacturers of electrical apparatuses a large 24 plate static machine, together with several different attachmants to the same, and among those attachments a high-frequency apparatus. Having read that the application of the high-frequency current was capable of relieving the pain and swelling of ordinary sprains, I was applying it for the relief of that painful condition in the wrist of the wife of one of the prominent business men of this city, she having by a fall severely sprained her left wrist. The husband watched the application of the current, and was highly gratified at the rapid relief of the symptoms.

The husband was a victim of that repulsive and loathsome disease, lupus, located on his face, forming a complete circle from just below the eyes, extending under the chin, involving all the surface of the nose, lips, chin and cheeks. He had been a sufferer from this trouble for about 15 years, and in that time had spent a small fortune in trying to obtain a cure. He had even gone to New York city to consult an eminent specialist, but all to no effect, save that the disease seemed to gradually extend. While watching me treating his wife's wrist, he remarked, "I wonder if that would do my face any good." I had been intending to propose to treat his face, but his remark forestalled me in the proposition. I at once made an appointment to begin treatment. He came to my office on September 8, 13, 19, and 26, and October 1, 9, and 19, when I discharged him a well man so far as the lupus was concerned, all signs of the disease having entirely disappeared, except scars from the ulcerations. All the tuberculous nodules had entirely disappeared, and at the date of writing this report no sign of the disease has re-appeared. At the time of beginning



treatment of this case, I would estimate that the amount of open ulcerating surface would aggregate about the surface equal to three silver dollars. If my investment in electrical apparatus never cured another case of any disease, the cure of this case would make it a good financial venture. Think of it! Six treatments cured a case of lupus that had resisted the skill of the most eminent men.

Another case, equally as striking, in the person of George M., aged 47, a butcher and market man by occupation. About two years ago he observed a small ulcer apparently at the root of an eyelash on the lower lid of the left eye, on the inner half of the lid. He applied domestic remedies, but it refused to heal. Then he went to his family physician, who ordered the application of the usual ointments, etc., but still it refused to heal, and by this time was giving him very noticeable pain. He then went to a neighboring city and placed himself under the care of a prominent dermatologist, who at once pronounced it to be a case of epithelioma. This physician applied numerous caustic remedies, but all without avail. Then another specialist tried his skill, with the same failure as the first one. This patient is a close personal friend of the man who was cured of the lupus, and observing the effect of the treatment upon the diseased face, concluded to try what it would do for his eye. He came to me on October 7. I found a typical case of epithelioma, involving the inner half of the lower lid of the left eye, the ulcerating surface being about as large as the surface of a silver dime, and the eyeball being seemingly involved in the destructive process—the whole being swollen to about the size of the end of the middle finger. To make a long story short, he came to my office on October 7, 16, 28, and Nov. 5, 14, 22, and 30, when all signs of the trouble had entirely disappeared, except of course the scar; the swelling all gone, and the case cured.

On Sept. 20 a Mrs. C. placed herself under treatment for an aggravated case of rectal ulceration, three large ulcers being easily discoverable. She presented all the characteristic symptoms of that disease, both objective and subjective. She came to my office five times, and then I told her that I could not find anything more to treat, and as she was feeling perfectly well, the treatment was discontinued, the case well.

Mrs. B. for many years had suffered with a chronic ovaritis—so much so that she had been strongly urged to undergo ovariectomy. Several times each year she would be attacked with a seeming acute exacerbation of the trouble, when at such times she would be confined to her bed for perhaps a period of two weeks. At all times there was great tenderness and a profuse leucorrhœal discharge. The right ovary was enlarged to the size of a small orange and very tender, and the left ovary was similarly affected, though not quite so large. The uterus was bound down by adhesions, and was boggy and tender. The patient showed the characteristic facial symptoms of ovarian

disease. She was almost a confirmed invalid, being unable to attend to anything except the lightest household duties. She came for treatment on Nov. 30, and as she lived out of town I concluded to treat her every day. I discharged her on the 14th of December, she expressing herself as feeling as well as she ever had at any time in her life.

In neither of these cases was anything used except the "violet ray" as generated by the high-frequency apparatus attached to a static machine. Other cases might be mentioned, but as these are so striking and sharp in their outlines, I take them as a type of the classes of disease to which this new remedy may be applied. In lupus we have heretofore stood helpless, as well as in epithelioma, for in the case mentioned the usual cancer pastes had been already applied and failed to effect a cure. In the rectal case, such patients have always been a dread to me, as the treatment has always been tedious and often unsuccessful, and at all times unpleasant and painful; while the ovaritis yielded in at least one-fourth of the time usually necessary to cure them. The question might be asked, how does it cure? I am unable to answer further than as the scientists say that at the point of application there is generated an enormous quantity of ozone, together with an almost inconceivably rapid bombardment of the tissues by the rapidly interrupted current. In whatever way it does its work, I am ready to testify that it does the work, and that is the important desideratum. Theories are very pretty on paper, but very few of them help us to cure our patients.

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#### TREATMENT OF A NAIL PUNCTURE.

By E. F. Shaulis, M. D., Indiana, Pa.

**A**BOUT the middle of last August while opening a crate containing some office furniture, a five-penny nail was driven through the second phalanx of my left thumb. It entered the dorsal surface about three-eighths of an inch anterior to the joint and one-eighth of an inch to the right of the median line, thus splitting off a small piece of the first phalanx near the joint. The nail stuck so very tight that it was with great difficulty I withdrew it with my right hand, and could not have done it had not the nail been sticking in one end of a strip which gave me a good grip.

Pain was severe and was not relieved by a cold stream of water falling on it for five minutes, during which time the wound bled freely from the princeps pollicis artery.

Recalling the principles of inflammation as given in Scudder's Principles of Medicine and lectured upon by Prof. Thomas, my treatment was plain to me at once.

That the inflammation here was started by an irritation, and that a mechanical one with the possibility of a chemical one also, was easily to be seen. [The nail had been drawn from undried hemlock lumber

just a few seconds before and was bright and clean, at least after I extracted it from my thumb.]

Basing my treatment on the principle that inflammation is caused by irritation, I at once tried to relieve the nerve strain of the part locally and thus lessen the determination of blood to that part. I took a small beaker glass two inches deep and put into it one fluid dram of tincture of opium, and, not being sure whether or not there were any "bugs" on the nail, four fluid drams of tincture of echinacea, and immersed the thumb in the mixture and retained it there for three hours. During this time I tried to forget I was hurt, but was reminded once in a while that I was, by sharp gnawing pain, which grew less and less so that at the end of three hours there was no pain, only a little stiffness which I concluded would save me the trouble of putting any splints on it.

Just then a Homeopathic physician, a friend of mine and a surgeon, was passing by and I called him in and told him what had happened and my plan of treatment as given above. I asked him what he thought of it. He said, "That may all right, but if it were my thumb I would cauterize that wound with carbolic acid. If you want it done come to my office and I will cauterize it for you."

I thanked him very kindly and told him if I decided to have him cauterize it I would see him later.

By this time my wife and some friends had gathered some lock-jaw stories caused by nails driven into the extremities, etc., and tried hard to persuade me to jump on that long train of believers in cauterizing such wounds though they be clean, or supposedly clean. However, I could not be persuaded to undergo such harsh measures because my thumb was in a quiet attitude and in good condition in my judgment, for the opening had one of the finest seals nature could produce. One which was sealed never to open again, for it never did to this day.

All symptoms of inflammation, as pain, heat, redness, and swelling were conspicuous by their absence save a little tenderness on pressure and a little pain on movement. I did not put it in splints, but bandaged it with sterilized lint gauze and kept it saturated with specific tincture of echinacea for six hours following the first three after the injury. I slept that night and kept the bandage moist with echinacea the next day. In less than a week all was natural but a little bone tenderness. There were no constitutional disturbances, therefore no treatment.

I am very much impressed with the fact, not only in this case but other cases under my care, that if we relieve the local excitement and irritation and slightly decrease the amount of blood in the part, rather than increase it and allow congestion to take place, we have done a great deal toward successful treatment of inflammation caused by irritation.

This gives nature a chance to start into work with a will to overcome the difficulty, because it has not been piling up and the vital

force of nature has a large enough standing army ready to at once attack the unmultiplied "something" and overcome it, and to in a measure replace the destroyed tissue cells. While if the inflammation had been allowed to run its natural course the object confronting nature would have become so extensive that not only all the standing army of the natural forces of the body are called into action, but a new demand made for new recruits, all possible unnatural forces within the body called into action and often only to succumb to the deadly enemy which had taken possession and predominated.

In a rational practice it seems to me, as is scattered through this article, that removing the irritation, which may mean in some cases remove foreign bodies, poisons, etc., and secure complete rest and immobility and relieve pain, we have lessened the tendency toward inflammation, and nature can speedily begin her repair without much excitement. Of course if constitutional symptoms appear, meet them on the threshold.

I close with saying that in my judgment it does not always take opium and echinacea locally to quiet pain and antidote poison, but in some cases such agents as aconite, belladonna, veratrum, etc., will do as good work if not better. Let us be more conservative with nature's forces, let us be more kindly disposed and assist her in times of what to us looks like unsurmountable difficulties. Let us help her by lessening her work under such trying circumstances. The smaller the hole burnt in a building and the less it is charred the quicker it will be repaired.

Therefore, let us more closely study and practice those principles formulated by Prof. J. M. Soudder, and we will be more Eclectic and more successful in our practice.

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#### MEASLES—MORBILLI.

By Janet D. Quinn, M. D., Newport, Ky.

**M**EASLES attack individuals of every age and sex, but less frequently very old people and infants. As nearly everybody has an attack of measles in early youth, they are on this account seldom met with among old people. One attack of measles generally protects persons against a second one; exceptions, however, may occur. Measles, may be found at all seasons but usually during the months from October to April.

*Symptoms.*—The incubating period of the measles contagium is usually from 5 to 10 days, may be longer. In some cases the general health does not seem to be disturbed in the beginning of disease. The prodromi proper begin with slight catarrh of nose, some fever. This fever increases; on the second day we have frontal headache, eyes red, watery, sensitive to light. Third day fever increases in intensity, patient is unable to sit up, tongue coated, appetite gone, and in the night from the third to the fourth day immediately previously

to the rash, we have the hoarse barking cough resembling croup, and the measly smell. These symptoms may increase to a considerable degree of intensity, may be associated with vomiting, delirium, sopor. At times, however, they are entirely wanting, or so slight that it is not necessary to confine children to the room.

This is the reason why measles spread so rapidly through school; for it is on the day previous to breaking out of measles that the infectious principle is most active, and the measles are most easily communicated. In from 4 to 12 hours previous to the appearance of rash, we have the distinct, lentil sized measles spot on the sides of fauces—it is claimed that the extension of these spots to the larynx and trachea causes the peculiar croupy cough. The measles break out gradually in one case, and very rapidly in another.

First, spots always show themselves in face around the edge of the hair, temples and cheeks, of the same size, bright red color, with rather sharp outlines; after being out a short time, they become somewhat raised above the skin and hard and rough. Generally within 24 to 36 hours, the rash comes out over the whole body, from above downwards, and is fully out in from 48 to 60 hours, so that no new spots appear; up to that time, new spots had continued to break out in addition to the first spots that were more or less scattered. The spots keep growing in size to such an extent that some of them run together, and form irregular red patches. In proportion as the rash comes out more profusely, its color generally grows darker, sometimes it has a bluish tint with the fuller development of the eruption, the constitutional symptoms increase in intensity, catarrhal symptoms and cough grow much worse, pulse rate increases, skin dry and hot, sometimes skin hot and moist. In very rare cases the constitutional equilibrium remains undisturbed even during the eruptive stage.

If the measles run a mild course they begin to disappear about the third day, spots grow smaller and assume a yellowish tint which may remain for several days, fever declines rapidly, but the bronchial cough remains for some time; at this time we may have a diarrhoea for a few days.

Desquamation usually commences about the 7th day and about the 10th or 12th day all signs of disease are gone except the cough. In the more malignant form of measles, the eruptions when first come out, are of pale red color, which do not increase in intensity, nor do they acquire the yellowish tint, the spots fade too quickly; these are the cases where we have trouble, pulse becomes rapid, respiration hurried, tongue dry, delirium, or stupor or death.

Measles complicated with laryngitis or bronchitis assumes a dangerous character, if it continues beyond the stage of decline. Measles with chronic conjunctivitis; measles with deafness—enlarged glands—in fact all sorts of complications may arise.

*Treatment.*—In mild uncomplicated measles, treatment will consist of good hygiene, patient should be in well ventilated but somewhat

darkened room. Temperature about 70°, should be uniform day and night—diet light and simple.

**Aconite**—High temperature, hot dry skin, eyes red, intolerance of light, general malaise, in simple cases often only remedy required.

**Pulsatilla**—Eyes red, watery, mouth dry, thick yellowish discharge from nose, loose cough, diarrhoea, rumbling in bowels.

**Bryonia**—Eruption retarded or retrocession of eruption—oppression of chest, laborious breathing, dry cough.

**Ipecac**—Eruption retarded or suppressed, with nausea, vomiting, rattling of mucus in the chest.

**Veratrum Vir.**—Convulsions before eruption, congestion of lungs during febrile stage.

**Rhus**—Low fever, dry brown tongue.

**Belladonna**—Dull, drowsy—red sore throat.

**Drosera**—Hoarse measele cough.

Some seasons we need only one or two remedies. Use any medicine indicated—plenty of water internally—if cold drinks nauseate, then use hot; externally use vaseline.

### THE "OLD DOCTOR."

By C. D. R. Kirk, M. D., Shuqualak, Miss.

**T**HE "old doctor" as he is familiarly called should retreat to his office practice fully equipped for minor surgical operations. The first thing needed is a reliable and safe local anesthetic or obtunder. The following will fill his bill in every particular as the writer can readily testify, having used it a thousand times. R—Campho-phenic grs. 80; cocaine hydrochlor. grs. 16; distilled water q.s. grs. 4,000.

This, when ready for use, should be as clear as water and if there is the least cloudiness it should not be accepted. Send it, like all other orders for reliable medicine to the Lloyd's of Cincinnati, and it will answer the call every time. I have had it prepared by various druggists and was compelled to return some as they had a milky sediment and were not satisfactory in other particulars. I order eight ounces as it will keep indefinitely. The "old doctor" can be just as clean and nice as the young doctor, and this should be his motto, and when he fails in this requisite he had as well call for Gabriel to blow his trumpet as he is simply retired. Can the reader imagine anything worse than an old frizly filthy doctor. Then order Lloyd's Asepsin soap by the dozen and be sure to have your toilet in your office where the patient, especially a lady can see your performance.

There is no minor operation that pays better than extracting teeth, that is, if the operator can work up a "reputation" that is better than his competitor, the dentist. This can not be done in cities, but in the country and village practice "old doc" can lead them all. A lady whose practice the writer did was having some dental work done by

one of the best dentists in the State, who informed her that she had a tooth that would not bear filling, but that as he was making an account of rather large dimensions he would extract the lost tooth without any extra charge. She kindly thanked him but informed him that she would rather pay the writer a dollar to have it extracted than to have the dentist extract it gratis. The fact is the nervy doctor will venture further than the dentist, especially in using dangerous anesthetics. It is supposed that the doctor who expects to make the extraction of teeth a paying part of his practice has a full set of best instruments for this purpose especially the cowhorn forceps, elevators and all others actually needed, and many bright showy instruments that are not much used. Have several hypodermic syringes and those that will bear a great pressure without leaking—keep them clean! If the patient is nervous there is no better plan to restore nerve than an old “boba shielly” (as the Indian says) drink of good whisky or brandy—give it to the patient—the M. D., should have nerve without whisky. Examine the tooth and decide in your mind what is the best instrument and everything that will likely be needed, and inform your patient that “there will be no fits and starts” in the operation, and when you cause pain you will stop. Begin by introducing the needle with beveled side to the tooth, and when it is far enough to force a drop of the anesthetic, support the syringe with one hand and inject with the other, so that the mere prick of first introduction will be all the pain, then withdraw the needle and in like manner inject on the other side of the tooth, then back to first insertion, pushing the needle until it causes slight pain. In injecting around the tooth try to force the needle to the end of the roots as the anesthetic must come in contact with the nerve or it will be painful, but if the nerve cannot be reached by passing the needle to it by the side of the root the injection should be made on the outside of the bone just opposite the end of the root; when this is necessary about ten drops should be deposited on either side and some four or five minutes or longer should be given for the remedy to reach the nerve.

After cutting the gums closely around the tooth apply the proper instrument and remember that there is more in a knowledge of the right way to extract than there is in the strength of the operator's hand. All front teeth should be unscrewed *i. e.*, give them a twist as if they were screwed in their sockets; this done, then pull with a twisting motion. The “eye and stomach” teeth have spinal forceps and are carefully rocked, then pull with a twisting motion. All of the molars or gum teeth are first rocked (*i. e.*, a forward and backward move) then pull and press towards the tongue. Wisdom teeth needs a wisdom forcep or a crooked handle elevator and the power should be applied as if the operator was trying to ram or push the tooth down the patient's throat. Extract nearly all wisdom teeth with a small diamond shaped elevator that has a flat and a round side. By an up and down motion similar to that in using a jack knife in

splitting a piece of wood, and at the same time giving a twist so as to turn the flat side, which is against the tooth to be extracted, which will raise the tooth on its edge. Of course this can not be done unless the tooth in front of the wisdom tooth is in place so as to act as a fulcrum or a support against which the round side of the instrument turns with a good deal of force and which will cause pain unless the anesthetic has been injected around it.

A front fang or tooth that is destroyed to the bone and therefore no chance to apply a forcep should have the elevator gradually worked in between the tooth and the bone on the front and inside, using the instrument as if you were trying to break the bone away from the tooth, after which apply a fang forcep whose beaks are set at right angles to the handle, then twist to the right, then to the left until the tooth moves, when it can be easily lifted out. Fangs of molars can be extracted by inserting the elevator on either side and at same time turning the handle as if directed for extracting wisdom teeth, making the alveola a fulcrum.

I frequently use a gimlet-shaped elevator for extracting fangs. This will not enter the fang but will readily bore down by the side of the fang and give room for the introduction of a small diamond-shaped elevator.

The doctor should begin the fray with the determination of extracting the tooth, and therefore if one plan fails try another. In some cases, however, it is best to wait a few days when he will find the fang easily managed as the tissues will have been absorbed.

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#### HYSTERO-EPILEPSY.

By Z. K. Chamberlain, M. D., Green Springs, O.

MRS. Taylor, age 23, has been married about two years; has one child, aged six months at time of commencement of my treatment. Mrs. Taylor is of a very nervous family, some of whom are insane. At the age of nine years she fell from a scaffold and sustained a severe shock generally. At or soon after puberty she began to have hysterical attacks, during which she would clutch at the throat and manifest all the long train of symptoms usual in such cases.

These lasted about ten years, and at the time I got the case (about June 25, 1903), she seemed at times almost an epileptic. I prescribed the usual line of treatment, and the case seemed to improve for a time, but about July 20 she began to grow worse, and I began a thorough study of the case, and advised an immediate operation.

Accordingly August 7 she submitted to a vaginal hysterectomy and double oophorectomy. Operation lasted about one hour, and patient rallied but little shocked, and made a good recovery. At this date (Jan. 9, 1904) Mrs. Taylor is doing her own work, and is in fairly good health, is but little nervous, and the sexual appetite is not abolished.



## TRUTH.\*

W. E. Kinnett, M. D., Yorkville, Illinois.

THE everlasting wheels of time are continually rolling on, and to-day finds us one year nearer home. But, what of the past? Evidently there have been many changes, as everything is rapidly changing. Some who were at our last year's meeting are struggling with the mighty problems of their chosen profession. Many have laid down the mantle of time for that of eternity. The scythe of time makes sad havoc among us. If perchance we are so fortunate as to escape the diseases of childhood and youth and are permitted to attain to vigorous manhood, yet, too soon we must all be cut down by that all-devouring scythe of time, and be gathered into that country where our loved ones have gone before.

We are here to-day for a purpose. What is that purpose? We are here to learn from each other the best methods of administering relief to suffering humanity. We are here to learn the truth about medicine. Truth, did I say? Where is it? There is not a school of medicine in existence that does not claim to have the truth. If we go to the Allopaths they tell us that all others are quacks, and they spell it with a large Q. We turn to the Homeopaths and they tell us that the whole truth is wrapped up in their motto of "*Similia Similibus Curantur*." Just now the Osteopaths are abroad in the land and they inform us that all others are on the wrong road and they alone have the truth. Eclectics say, "Come unto us, we are the Truth and the Way and the Light." And so it goes. Everybody is on the wrong road but me. Like the Quaker said to his wife: "Mother, everybody is queer but me and thee, and I sometimes think thee is a little queer."

One contemplating the study of medicine, who has not been previously prejudiced, will wonder if there is any truth in medicine at all. I am persuaded that there are few who are earnest seekers after truth. Most of us have had our minds warped by our previous teachings. We are seldom ever willing to investigate anything that does not emanate from our own school. If it comes from another we are all too willing to brand it as false.

It is not many years since, that there was but one school of medicine. When Homeopathy and Eclecticism were promulgated to the world a new era dawned in medicine. The pioneers of the new reform were persecuted and prosecuted for truth's sake, and suffered much. They—as all reformers—were searchers after truth, but as they grew stronger, they grew more and more dictatorial, more after the Allopathic style, until now many of them do not want individual investigation. Many Eclectics—I am sorry to say—want us to accept "*holus bolus*" what they teach as truth, and that there is no other. If we

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\*Reprinted from Transactions, National Eclectic Medical Association, 1903.

deviate from their thought we are accused of being Allopath, Homeopath or the despised Schusslerite.

One grand principle in Eclecticism, and one on which our school was founded, *seliga bona, rejice mala*, (select the good, reject the bad), has encouraged individual investigation, and upon this has the great superstructure of Eclecticism been built, until it towers above all others, and especially in our Materia Medica and Therapeutics.

All schools concede this point. As a rule Old School physicians dare not think for themselves, but occasionally one does break the "Code" and does some thinking for himself and runs the risk of being ostracized by his brethren while he is searching for truth. Listen what one of their number has to say about Eclectic therapeutics:

"I am a graduate of the Old School and was taught the principles of the Old School. I treated names of diseases for twenty years, had my remedies classified according to the routine of arterial sedatives, stimulants, tonics, etc. I learned from experience some short cuts on diseased conditions, and withal, most of my patients got well.

"When antifebrin and salol came on the stage I cried 'Eureka!' but they soon fell short of my expectations. I could 'knock' the temperature of typhoid fever for awhile, but I thought I came near letting some of my patients drop into the Jordan, and then my enthusiasm fell to a degree. In the first case of rheumatism in which I gave salol, it acted like a charm, and then I thought I had a bonanza.

"And so it was and ever had been with all remedies—*veratrum* acted nicely here and failed there; *gelsemium*, *aconite* and even *quinine* doing more harm than good. I wanted to practice medicine scientifically, or rather I wanted to believe medicine was a science and associate myself approximately with its principles. But, under the old regime, owing to the continually recurring uncertainties, I would first be elated, and then I would have the conceit knocked out of me by some unexplainable and mysterious dynamic energy, and then I would turn pessimist, declare medicine a humbug. Yes, I thought I would quit next year, year after year, but I kept on just the same, first on top then under the waves, until I forgot to do anything else and felt better at the capricious, rhapsodical and spasmodic energies behind the throne of my chosen profession.

"Finally I concluded to let nature have a chance, would be conservative in my therapeutics, interposing nothing in a medical line that would forbid the bans of this *vis medicatrix nature*.

"So I plodded on. I was a reader of the Medical World. Some strange and interesting literature on the use of remedies, and their application to disease, appeared now and then. I noted here and there where *rhus tox.* would cure rheumatism, and where it would not, and why. That if certain conditions prevailed, indicated by special symptoms, *bryonia* would cure. I kept watching all literature of this kind and became more and more interested in it. Finally, by corre-

spendence, I came in possession of Dr. Scudder's two little books, 'Specific Diagnosis' and 'Specific Medication.'

'And now a new *age quad agis* had broken through the clouds; I felt myself undergoing a transition, a new birth. The *eons* had placated my pessimism, and I had turned optimist. I rejoiced; I studied medicine anew; I burned more midnight oil; I dreamed new dreams, sleeping and awake; I dared to think; I knew it was not chimerical; it was all rational and easy to understand. I tested the statements, and found the end formulated by the means. Ha! was medicine a science after all? Could we count definitely on results?

"The nemesis had been conciliated, it was no dream; a rational principle had been established in medicine. Generalization was being relegated to the shades; and as I read on and tested the system the sun appeared to shine to a better purpose, and even the moon seemed to bring up a transcendent *ego*, circumscribed to the environment of Specific Medication; congratulating the human family that a better system was rising out of the debris of confusion to strengthen the energies of life.

"When one-fourth of a drop of good tincture, after a few doses, will bring about a definite result, and do it every time when prescribed under the same conditions regardless of name, relieving a determination of blood which through the nerve centers so distresses the patient as to banish all pleasures of life; then we may correlate ourselves on the side of special affinity of special drugs to special abnormal conditions of the human body."

Just the other day I picked up an old school journal and noted the following:

"We need to get out of the ruts of exclusive investigation and jump over the fence into our neighbors' (Homeopaths' and Eclectics') pastures, and inquire diligently for the way of success in therapeutics. And do not try to swallow these schools—they may produce a lump in our throats. This is the trend of a good many regular journals to-day. Accept their work, give credit for it, have peace in camp and relieve suffering humanity. Get down to facts in therapeutics with not so much 'tompfoolery.'"

One by one they are coming to the truth. They are making much ado at the present time about "swallowing" us up or down, but I tell you that instead of them swallowing us they are jumping over into our cornfield and beginning to eat from our "corn crib." Where there is one Eclectic being swallowed by the regulars there are a half dozen jumping into our pastures.

It seems queer to me that while we are trying to uphold the banner of Eclecticism and claiming that our practice is superior to others, nearly all, if not all, of our Eclectic Colleges are recommending in their announcements old school text-books to the students. I tell you, gentlemen, we ought to be swallowed up or down while we are trying to promulgate Old School doctrines.

One thing we have lacked all along the way is a perfect organization. We are too afraid of spending a little money for this purpose. If we ever succeed as we should we *must* organize. If this Association would spend three hundred dollars yearly for a few years in judicious organizing we would soon have every Eclectic in the United States in our ranks, and Eclecticism would be a power in the land.

Not long ago I saw in an Allopathic journal this question: "I am a graduate of a regular school with foreign and American hospital experience. Am commencing a general practice. Have I right to use Homeopathic and Eclectic remedies when I think they are indicated?" Does not this question astonish any thinking physician?

A physician who claims to be a graduate asking if he has a *right* to use Homeopathic and Eclectic remedies, in this free land of America. He was answered in the negative. If I had to answer that question I would say yes with a capital "Y." A man is justified in using any remedy under the sun which he thinks will relieve suffering humanity. Medicine is for the relief of suffering humanity and every therapeutic resource with which nature or art has provided man should pay tribute to medicine. The *source* of a remedy can not possibly prejudice its nature or action. It is not only the *right*, but the *duty* of every physician to break through the walls of prejudice erected by a dominant school, and investigate the archives of clinical facts, stored with the rich and varied experiences of all schools.

The rational physician, who has no other aim than to cure his patient, will investigate all, extract and practice the serviceable truth, rejecting the alloy of error. No man should be tied to authority of any kind. He must be free to increase his knowledge, develop his individuality, assert and defend his opinions, practice his conclusions, however heterodox such a course may appear. A man is answerable to no one—except God—for his conduct so long as he refrains from infringing upon the equal rights of his fellows. The assumed infallibility of men in authority has deluged the world with blood and tears in days gone by, but *liberty* is the watchword of the future, and man is accountable for the use he makes of it.

The true physician says with Emerson, "I will proclaim what I prove to be true to-day, though it contradict what I have advocated all my life."

"When the mind is burdened with the cares and perplexities of life one turns with a sense of relief and rest to the contemplation of simple truth.

"It is with keen pleasure, only sharpened with the former chaotic state of mind, that one searches the hidden depths, unfolding each moment, new beauties and sublime possibilities.

"The Christian—who previous to his conversion has been torn and buffeted by conflicting emotions, swayed by false doctrines and isms, filled with fear and dread—finds rest and peace when he pins his faith on a simple truth and trusts in the promises of his Maker. Likewise,

the intelligent, thoughtful, progressive follower of the healing art, surrounded by false isms, hounded by deadly bacilli and treacherous germs, tossed upon the surging billows of unrest and doubt, looks across the wild, tempestuous ocean of theories and dogmas, longing for a glimpse of simple truth on which to cast his anchor of faith."

The study of the history of medicine brings to the cheek a blush of shame. Thousands have fallen victims to the vagaries and superstitions of the past; but, as in the foundation of matter order follows chaos, so out of the theories and antiquities has arisen a system of true medical practice founded upon the eternal principle of Eclecticism.

Friends! Let us then press forward; be ambitious to excel; examine every principle; be thorough in our investigations; toil up the hill of Science and gather laurels from ascending peaks; traverse her boundless fields and linger long among her unfading beauties; join the march for Truth and let our names be recorded in her temple of fame.

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#### CHLOROFORM WATER.

By H. F. Robinson, M. D., New Bedford, Mass.

**I**N the January Journal chloroform water is spoken of as a cheap and reliable excipient in dispensing specific medicines. The writer has devised the following method for its manufacture, which he finds more convenient than by agitation:

Fill a bottle of suitable size with quite warm water, turn out and fill with hotter, and repeat until the water has a temperature above 140° F. Do not fill quite full, leaving space enough to hold 1-200 part of chloroform, which should now be added. Cork tightly, and allow to stand until cold.

This process is based on the facts that aqua chloroform is a saturated solution, or one part in each two hundred of water; that chloroform boils at a temperature of 140° F. or above. (If a clear or white glass bottle is used, the operation can be readily watched). Being tightly stoppered, the vapor cannot escape, hence must be absorbed by the water.

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#### RELATION OF SYMPTOMATOLOGY TO ECLECTIC MEDICINE.\*

By Florence Tippet Duvall, M. D., Atlanta, Ga.

**I**T has been argued by the opponents of our system of practice that Eclectic medicine consists of prescribing for symptoms; that a line or chain of so-called indications is meaningless save for the remedy or remedies it suggests; that therefore the Eclectic practice of medicine is a sort of flotsam and jetsam driftwood, if you please, guided by the eddy sometimes into harbors, sometimes into troublous waters.

The writer of this paper desires to assert with no fear of contradiction, that no system of medicine, whatever its name or nature, rests upon a firmer foundation than does our own practice. In the first place, suppose we grant for the sake of argument that our school of medicine prescribes alone on the merits of symptomatology, that we administer or apply a remedy upon a certain symptom or group of symptoms, with no knowledge beyond the evidences presenting themselves, even then we have a vantage ground unattained by any other practice of medicine. We have been meditating very seriously upon this subject, and have consulted the infallible Webster and find:

*"Symptomatology: The doctrine of symptoms, that part of the science of medicine which treats of the symptoms of disease. It includes diagnosis, or the determination of the disease from its symptoms, and prognosis, or the determination of its probable course and event."*

So, if Eclectic medicine is based solely upon symptomatology, with no reference to pathology or bacteriology, even then it stands alone in the fact of being able, not only to diagnose disease, but also to give a reasonable prognosis of its course and determination.

But symptomatology does not consist in the mere prescribing at certain patent evidences of diseased life. Symptomatology goes back of these disease expressions, for to know *wrong* life we must first be familiar with *right* life.

Some years ago we chose as a graduate theme, "Anatomy the basis of all medical knowledge." To-day we are still convinced that the dry bones, the unsightly cadaver, the special organs of the body, form the foundation upon which all our insight into things physiological and philological must be built. Physiology, that beautiful, fascinating, speculative science which gives us the certainty of healthy function, is not hard when anatomy is mastered. Chemistry, with all her alluring charms, is just as essential. Then the step from healthy action to diseased conditions is but a transitory one. How do we recognize diseased life? By comparison and measurement with the healthy (right) life, and the rule by which this measurement is made is the old one, "excess, defect, perversion."

Symptomatology is not an isolated science. It does not stand alone like some mountain peak, snow-capped and frowning. It rests upon the basic sciences of anatomy, physiology, and chemistry, to which nothing can be added, from which nothing can be taken.

The Eclectic, as he views his patient, catches the slightest deviation from the normal standard and thereby does he measure its extent and to the desired end, does he apply his remedies.

Eclectic medicine stands to-day at the top of the ladder, founded as it is upon the rock like a bulwark which can not be shaken.

Even back in histology we learn the first lesson. We are taught that the phagocytes wage an unceasing war upon invading microbes and disease germs of whatever name or nature. There, even there, is

the basic principle of our therapeutics. Any force or power which will weaken or destroy the repelling power of the phagocytes against the invaders, thereby lessens to that extent the vital principle, and destroys that much the life force, whatever that unnamed quantity may be. So, from the tiniest recesses and the minutest cell of histology into the wide ocean of pathology, about which our opponents talk so much, Eclectic medicine is based upon scientific, reasonable principles, and offers to the world the most rational system of medicine yet promulgated. Therefore we say, be not weary, the tide is not yet at its height, the sun has not yet reached the meridian. But seek ye first the basic sciences and their reasonableness, and all these things shall be added unto you.

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### EXAMINATION QUESTIONS.

Georgia Examination, Atlanta, Oct. 13, 1903.

#### ANATOMY.

1. Give origin, insertion and action of the pronator radii teres muscle.
2. Mention a muscle which moves the thumb outward; which moves the head forward; which moves the foot inward.
3. Give branches of internal iliac artery.
4. What would be the collateral circulation if the brachial artery was ligated below its profunda branches?
5. Name the bones and ligaments forming the ankle joint, and give their relations.
6. Name the bones of the head, and describe either the temporal or sphenoid.
7. Bound axillary space and give contents.
8. Draw the triangles of the neck.
9. Name and describe the ductless glands.
10. Give origin and distribution of third division of fifth pair of nerves.

#### PHYSIOLOGY.

1. Name the varieties of epithelium tissue and state where found.
2. What alimentary principles are found in milk? Briefly describe the digestion of milk.
3. What causes the pulse? State what conditions other than disease modify the pulse.
4. What is the size of an air cell, and about how many constitute a lobule?
5. What are the vaso-motor nerves, and where are their centers?

#### CHEMISTRY.

1. What five elements are gases in their natural state?
2. What is meant by atomic weight? Molecular weight?
3. What is double composition? Illustrate.
4. What is the difference between fermentation and putrefaction?
5. Select some abnormal body found in the urine; give its clinical significance and test for same.

#### MATERIA MEDICA AND THERAPEUTICS.

1. Give source of arsenic, some of its preparations, doses of same, and therapeutics. Diagnose a case of poisoning by arsenic and by strychnia. Give treatment of poisoning by arsenic.
2. Give the only known specific for malaria, and its chief alkaloid.
3. Give the chief alkaloids of belladonna, hyoscyamus, and calabar bean—doses and therapeutics.

4. Define hemostatics. Give their mode of action; the best local hemostatic; therapeutics.
5. Name two of the most drastic vegetable purgatives; doses of same.
6. Give a prescription for intense headache of acute remittent fever containing antipyrin and bromide of sodium.

## PATHOLOGY.

1. What pathological changes occur in cirrhosis of the liver?
2. What is the difference between thrombosis and embolism?
3. Describe the varieties of renal tube casts, and state in what forms of kidney disease they are found.
4. Describe the pathological changes present in the lung during the consolidation stage of acute croupous or lobar pneumonia, and include the characteristics of the exudate.
5. Designate which component part of the spinal cord is involved in locomotor ataxia, and describe the metamorphosis of structure characterizing the pathological process.

## PRACTICE OF MEDICINE.

1. Give etiology, symptoms and treatment of membranous laryngitis.
2. What is the chief cause of chronic gastritis in children? Give important symptoms. Give treatment.
3. Give most common causes of cholelithiasis. Give symptoms. Give treatment.
4. Give most distinguishing symptoms in typhoid fever. Give most important points in treatment.
5. What are the modes of syphilitic infection? What judicial treatment? What is the general rule as regards its transmissive power? What is Colle's law?

## DIAGNOSIS.

1. Differentiate compression of the brain from injury and the phenomena of alcoholism.
2. Give the physical sign of the most usual valvular lesion of the heart.
3. What is the significance of the patella reflex as a sign of disease?
4. Differentiate empyema from pulmonary abscess.
5. Give symptoms resulting from paralysis of the phrenic nerve.

## SURGERY.

1. How would you treat a fracture of the shaft of the femur?
2. Describe an amputation of the thigh.
3. Give symptoms and treatment of stone in the bladder of the male.
4. How would you treat a hydrocele?
5. Give method you would adopt for removing the kidney.

## OBSTETRICS.

1. Define abortion, miscarriage and premature labor. Give indications for inducing abortion and premature labor?
2. What are the inevitable signs of abortion. How would you manage a case.
3. What are the indications for the use of forceps?
4. How would you handle a case of head presentation?
5. What is the danger in prolapsed funis? What are the indications as to treatment?

## GYNECOLOGY.

1. What is urethral caruncle, and how should it be treated?
2. Give symptoms and treatment of uterine polypus.
3. Give best method of dealing with a stone in the bladder of the female.
4. Describe operation for vesico-vaginal fistula.
5. When is Alexandria's operation indicated and how would you perform it?



## SETON HOSPITAL REPORTS.

PROF. L. E. RUSSELL, SURGEON.

CASE 66.—Mrs. M., referred to the clinic by Dr. H. G. Bradshaw, of Delphos, O. Patient married, age 40, has suffered intensely for the last year with a gradually closing stricture of the lower three inches of the bowel. So much had the bowel been constricted that its lumen was not more than a quarter of an inch in diameter.

The patient was thoroughly anesthetized, and when profoundly under the impress of the chloroform the dilatation was commenced with the index finger of one hand inserted in the rectum, while the other was placed vaginally to protect its walls and to give warning of any tearing in that direction. Then by gradual force, pushing the point of either index finger against the other, the intrusion was made upward until the lumen of the bowel was found to be normal. After this the long rectal bivalve speculum was inserted, and gradual dilatation forced the lumen of the bowel to its normal size.

The completion of the operation consisted in the introduction of the largest size hard rubber bougie. This will be replaced two or three times daily until the strictured condition yields gracefully to the invading bougie.

CASE 67.—Mr. C., referred to the clinic by Prof. R. L. Thomas, on account of recurring appendicular colic. The patient was placed in the hospital two or three days before the clinic day, and properly prepared by abstinence from all solid food, and the free washing out of the alimentary tract with small doses of sulphate of magnesia.

The usual two-inch incision was made over the head of the colon, dividing the tendons of the muscles in the direction of their fiber. In making the intrusion into the abdominal cavity, the index finger was inserted, and immediately the long, tortuous appendix, with many adhesions, was forced up through the incision; none of the intestines, except the head of the colon, coming into view.

The meso-appendix was ligated with pyoktannin catgut, the appendix girdled and also ligated with catgut; after which a needle was threaded to the meso-appendix ligature, and the proximal end of the amputated appendix made to kiss the severed end of the meso-appendix. This fastening of the two traumatic surfaces completely obliterates any trauma at the head of the colon.

In the closing of the abdominal wound the peritoneum is sutured over and over with catgut, and each layer of muscle or tendon is also sutured over and over separately, and the outer tunic closed by the intradermic suture.

This patient was operated upon Saturday, Jan. 23d, and up to the time of the inditing of this report, ten days later, he has had no temperature. This makes 83 consecutive appendectomies without a fatal result.

## EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

### THE MUCH-ABUSED NOSE.

There is such a thing as too much specialism among specialists; it is equally true that the general practitioner frequently treats disease without recognizing the presence of conditions which demand the attention of one duly qualified to cope with them.

That this is true is probably due to the fact that medical science has made such rapid strides and become so broad that each special branch becomes a study in itself, and, therefore, it is impossible for the student, during a limited college course, to become proficient in every subject.

Diseases of the nose furnish an excellent illustration, and this organ receives greater abuse from improper and, very often, unwise treatment than any other part of the anatomy.

To successfully treat these diseases one must have a thorough knowledge of the anatomy of the region and the ability to make an accurate diagnosis; it is a lamentable fact, however, that a large number of physicians are unable to recognize what they see when peering into the nose.

The nose filters the inspired air, and reduces the entrance of dust and other foreign materials into the lungs to a minimum, the vibrissæ catch the larger particles, while the smaller ones adhere to the moist surfaces of the mucous membranes. If this accumulation be large enough, or the atmosphere be charged with obnoxious or irritating gases, a reflex action is produced, which results in sneezing.

Our lives are safeguarded to a great extent by the detection of poisonous gases through the sense of smell.

Two other important functions performed by this organ are the moistening and warming of air.

The projecting turbinates not only narrow the lumen of the nasal fossæ, but also permit of a much greater expanse of mucous membrane, which is abundantly supplied with lymphatics and glands capable of secreting a copious supply of mucus; in addition to this, the submucous tissues contain lymph spaces which contribute their share of moisture.

The inspired air is thus not only moistened by the wet membranes, but has its temperature elevated by passing over their extensive surfaces, aided by the resistance offered by the narrow air-chambers.

Changes in the structure of these sensitive nasal tissues, whether brought about by disease, unwise manipulation or any other cause, interfere with their normal functions, and may even suppress them.

The family physician, because of his intimate knowledge of his patient's habits, temperament and physical condition, should be able to master some disorders of the nose as well, if not better, than th

specialist, but in this latitude where catarrhal conditions prevail, he is too prone to overlook the fact that their existence may be due to an abnormal condition of some other part of the body, or be the sequence of some disease, and he is therefore apt to take for granted that a cold was the primary cause.

A patient consults his medical advisor in reference to an annoying discharge from the nose; he is immediately seated in a chair close to a compressed-air apparatus to have his nasal cavity sprayed—which the doctor does, apparently, with a great deal of skill, without making any examination whatever. At the conclusion of the operation (?), the patient is requested to return at a given time, which he readily does, because the treatment he received from that “nickel-plated air-reservoir” so thoroughly impressed him, that he is satisfied he has received his money’s worth.

This illustration is cited from statements made by patients in both hospital and private practice, who have seemed much astonished when required to undergo an examination, and have remarked that no effort had ever been previously made to ascertain the true condition of their nasal affection.

Such a method of treatment must be condemned, because it is unscientific and apt to be productive of serious results.

Referring to the use of compressed air and atomizers, there has recently been considerable discussion as to their value in relieving diseases of the nose and throat; but granting the fact that each side of the controversy has ardent supporters, it must be admitted that their use is dangerous except in skilled hands.

Many have the erroneous impression that high pressure is required to force vapor through the air passages. When excessive force is used the mucous membranes are torn, and during the reaction, which shortly follows, all the tissues become swollen; if this swelling is sufficient to bring the raw surfaces together, adhesions form between the septum and the turbinates, a most undesirable result, and the last state of the patient is therefore much worse than the first.

Even if the swelling is not great enough for the development of synechia, the ciliae of the epithelium are destroyed, and the mucous glands damaged to such an extent that the functions of warming and moistening are interfered with, and the nose is shorn of one of its methods of ridding itself of foreign matter.

Again, vapor introduced into the nostrils, under high pressure, is often forced through the Eustachian tube into the middle ear, which may be productive of either a violent otalgia or an otitis media, or possibly rupture of the tympanum, and even meningitis. Undoubtedly, many cases of tinnitus aurium have their origin in the improper use of compressed air.

Another forcible argument against the use of sprays, with excessive pressure, is, that the medicament escapes the nooks and corners of

the nasal chambers, because the direction of the current is, by virtue of the force behind it, in straight lines.

Those who favor the applicator in giving local treatments should not forget that equally serious results may ensue by its injudicious use. The tendency is to apply too much force, as well as to cover the tip with too large a pledget of cotton. If every physician would experiment on his own nose with an applicator he would be very apt, from personal experience, to use extreme care when applying the same treatment to his patients.

These remarks are not intended to deprecate the use of compressed air and sprays except in the hands of those physicians who attempt to relieve abnormal conditions of the nose, without possessing an adequate knowledge of the same.

Local applications should never be resorted to until the wisdom of such a form of treatment has been established after locating the cause.

A complete history of the case should always be obtained, followed by a thorough inspection of the nose, pharynx and larynx. The appearance of the parts not infrequently leads to the detection of an abnormal condition in some remote part of the body, which, if cured, would cause the nasal disturbance to disappear.

The turbinated bodies, because of the erectile nature of their tissues, often become enormously enlarged. The cause of this fullness may be due to constipation, nervous disorders, particularly shock and worry, disturbances of the liver, uterine diseases and other affections. Under any of these circumstances, to tamper with the turbinates, by applying caustics and other preparations, is a species of malpractice, because it needlessly irritates them and causes tissue changes, likely to terminate in hypertrophy. The course to be pursued in such cases is self-evident.

The so-called catarrh, or cold in the head, however, is the disorder with which the physician most frequently comes in contact, and here is where he gets in his work with the compressed-air apparatus.

Catarrh is defined as an increased or excessive secretion from inflamed or congested mucous membranes, but the term is generally applied to discharges from the upper air-passages resulting from a cold.

It cannot be denied that a large number of cases of rhinitis, whether acute or chronic, originate with a cold, neither can it be disputed that an equal, if not greater, number have their inception either as a complication or a sequence to some other disease.

How many of us pause to consider the significance of the nasal discharge?

It is a well-known fact that a cold usually attacks the weakest part of the body, and we learn from experience that the upper air-passages, particularly the nose, have to bear the brunt of the burden. The mucous and submucous tissues become engorged with blood and the glands secrete an enormous quantity of mucus, which finds its

way through the nares. If this discharge be acrid, the *alæ nasi* become excoriated, and this condition, in conjunction with lachrymation, forms the picture of an acute coryza, a very familiar scene. As a result of this hyperædemic condition, there is a rapid exfoliation of epithelial cells which, with other *debris*, mix with the mucus, and the discharge gradually becomes thicker and assumes a yellowish or greenish color. When, from any cause, this hyperæmia of the tissues remains constant, or is of frequent occurrence, leucocytes escape into the tissues, which, with increased cell proliferation, cause plastic changes to develop, the result of which is hypertrophy.

These pathologic changes often invade the sinuses by extension, and, unless recognized, lead eventually to serious results.

It must not be forgotten that cold is not the only primary cause of these progressive changes; the same may be attained by retention of foreign bodies, the constant inhalation of dust, and irritating gases and vapors occasioned by the various trades, by traumatism, tumors, deflected septums, polypi, and reflexly from many diseases, particularly those previously mentioned as being the cause of full turbinates.

It should also be borne in mind that catarrhal conditions are aggravated by overeating, and particularly if not followed by sufficient out-door exercise.

How unwise, then, it is to prescribe any form of treatment until a thorough examination has been made.

Do not resort to your air-gun or applicator before you look for the cause and source of the discharge; ascertain its character, odor, color and periods of aggravation and amelioration, carefully inspect the nasal cavities, not only to determine the condition of the tissues, but also to discover the presence of polypi or other foreign bodies and the amount of air space, and remember that an enlarged turbinate is not necessarily hypertrophied, the latter not contracting under the influence of cocaine.

By strict adherence to such a system of examination, the physician will be enabled to correctly diagnose the case and outline a course of treatment in which success will be the reward.—F. VAN GUNTEN, M. D., *before Germantown Hom. Med. Society.*

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#### FOREIGN BODY IN CORNEA FOUR YEARS.

The subject of this report is a young man 24 years of age. He came to the clinic of the New York School of Clinical Medicine, and gave the following history:

Four years ago, while at work, he was struck in the left eye by a particle of cast iron. He was attended by a surgeon who extracted (?) the foreign body, and treated the eye for a month; there being no improvement, the patient discontinued treatment. The eye remained inflamed and painful for two or three months longer, when it gradually began to improve, and gave no further trouble, except in cold

weather and when there was snow on the ground, when there would be local redness and some intolerance of light.

His condition when seen in November last was as follows:

In the naso-inferior quadrant of the cornea of the left eye, about one third of the distance from the corneal margin of the pupil, was what appeared to be a phlyctenule, and here terminated a small leash of bloodvessels from the adjacent conjunctiva. The papule was circular, somewhat cone-shaped, and of a grayish-white color. There was hyperemia of a small area of the ocular conjunctiva, lachrymation, and some intolerance of light.

The treatment consisted in cocainizing the eye, and then applying pure carbolic acid to the papule, and argentum nitrate, twenty grains to ounce solution, to the leash of bloodvessels and the affected ocular conjunctiva. The eye improved very much after two treatments, but the patient returning a week after the second treatment, was found to have suffered a relapse, and the condition was as bad as before treatment began. Two treatments followed two days apart, with prompt improvement, but on being discontinued relapse followed.

In view of the history of four years, I determined to explore the papule, and on the return of the patient some days later, I cocainized the eye, and with a small sharp curette which I drew forcibly over the lesion, dislodged a large piece of cast iron, which had been imbedded in the cornea and encapsulated. There was a synechia anterior at this point.

The patient made a rapid recovery without further treatment. There remains only a small opaque spot at the site of the impacted piece of iron, and the iritic adhesion is so far peripheral as to give no trouble. The vision of the eyes and their refraction are as follows:

R. V.—20-30:20-20w.+50D. cyl. ax. 90°.

L. V.—20-30:20-20w.+50D. cyl. ax. 180°.

The great length of time, four years, in which the foreign body was imbedded in the cornea is my reason for reporting the case.

The toleration of the cornea for a foreign body would seem to depend on a number of conditions: the character of the foreign body, the degree of impaction, and the location in the cornea are the chief.

Of the baser metals, iron in the condition of cast iron, is probably less irritating than others, because of the less liability to decomposition. A foreign body so thoroughly imbedded as not to affect the lids as they move over the cornea, will be better tolerated than in the reverse condition. The nearer the site of the lodgment of the foreign body to the horizontal meridian, the better it is tolerated, as it will be less liable to come in contact with the lid. A foreign body imbedded below the horizontal meridian will be better tolerated than above it, for the reason that the upper lid is in firmer contact with the eye than the lower lid.—J. A. MEEK, M. D., in *Med. Brief*.

## PERISCOPE.

### EXTRA-UTERINE PREGNANCY.

Since November, 1879, Dr. H. J. Boldt (*Medical Record*) has come in personal contact with 258 cases of ectopic gestation. This is probably as large an experience as that of any operator throughout the entire world, and can only be properly appreciated when it is remembered that men like Thomas with their vast consultation practice, a quarter of a century ago, could only refer to several dozens of cases. The explanation of this large individual experience is, of course, the fact that the possibility of extra-uterine pregnancy is now early suspected from certain definite symptoms. In this connection the author aptly remarks, "that the prolific discussion of ectopic gestation in medical literature during the last fifteen years, and the mastering of bimanual examination by most physicians, have placed the profession, as a whole, in a position to recognize extra-uterine pregnancy in about 50 per cent. of the cases."

The author recognizes seven different varieties of ectopic gestation, including the much disputed ovarian pregnancy. On the other hand, he is rather inclined to question the occurrence of a primary abdominal pregnancy.

The pathological description follows that of the most recent authors. The death of the embryo almost regularly occurs during the first two months after conception. In an experience covering a quarter of a century and with his vast opportunities, the author has only met five cases at, or nearly at, full term.

The author substantiates the observation of Veit, which is contrary to the views of most physicians, that the most frequent termination of tubal gestation is not rupture, but tubal abortion. In this connection he very truly remarks that, were tubal rupture the rule, "the death rate from ectopic gestation would be greatly increased, because the intra-peritoneal hemorrhage in instances of rupture is usually so large that unless such patient is operated upon without delay, acute anemia ends life." The most favorable cases of tubal gestation are those in which the tubal abortion is complete within the first two or three weeks after conception.

The typical symptoms are briefly: 1. The usual symptoms of pregnancy, as shown chiefly by the skipping of a period; 2. Cramp-like pain in the abdominal region and usually on the affected side; 3. Discharge of blood from uterus, of a dark and tarry appearance. The pain depends upon the process going on in the tube. The author has never been able to notice a marked distinction between progressing tubal abortion and gradual tubal rupture.

The physical appearance of the patient depends on the degree of hemorrhage. In marked cases of intra-peritoneal hemorrhage the anemia is intense; the pulse may be absent or faint, and the skin

moist. In two such instances, because of the profound syncope, the author was able to open the abdomen without the assistance of an anesthetic. The uterus is usually displaced and enlarged. The beginning hematocele—sensitive to the touch—may be mapped out to either side or behind the uterus. The breasts usually contain cholestum. In large hemorrhages the entire abdomen is sensitive to pressure. The author has seldom known a decidua to be passed.

The author recognizes the difficulty at times in making a differential diagnosis and is quite frank in acknowledging a few errors.

Only two methods of treatment are seriously taken into consideration: namely, the conservative and the surgical treatment; all cases—even those undergoing conservative treatment—should strictly be treated in a hospital. In most cases the safest plan for the patient is to look upon every case of extra uterine pregnancy as one would regard a beginning malignant neoplasm. This means that the vast majority of cases indicate operative removal. When the symptoms and examination indicate a tubal abortion in progress, it may be permissible to watch and wait, but under such circumstances and surroundings that surgical intervention may be carried out under short notice and with a minimum of risk to the patient. The same course of procedure is permissible in cases which point toward a complete tubal abortion. The author has observed twenty-three such cases, which went on to complete recovery without operation—the period of recovery varying between four weeks and three months.

The surgical treatment consists—in those patients who have not a well-defined hematocele—of abdominal section. Simultaneously with Duhrssen, the author conceived the idea of vaginal celiotomy, but, after giving it a trial in several cases, he gave it up, finding that it did not offer as clear a field for work and saved no more time than the abdominal operation. The author prefers, in the case of a patient presenting the symptoms of complete rupture, to operate at her home, if her general condition is such that it would endanger life to have her transported. The description of the operation coincides with the method employed by most operators.

The question of advanced pregnancy modifies the necessity for haste in operating. The author has not had the opportunity of seeing a patient with a living extra-uterine gestation product at or near the period of viability, but tends to the preference to wait for active placental circulation to cease in the hope of saving both mother and child.

In cases of retro-uterine hematocele—should surgical intervention be indicated—the author recommends an extensive vaginal incision behind the cervix. The entire hand is introduced into this opening to clean out the coagulated blood, to determine the interior condition of the hematocele and eventually to break up existing partitions. The cavity is then irrigated with sterile water and packed with gauze.—*Post Graduate.*



## REMARKS ON GLYCO-THYMOLINE.

For many years past this preparation has been one of my mainstays in diseases of the mucous membranes, and it has held its place despite the trials of many other agents warranted to supplant it by the advocates who decried Glyco-Thymoline when I spoke of its virtues. Space is now getting too valuable to waste with long detailed descriptions of separate cases, and anyhow I never did write in that manner—I think general remarks about agents is the better way, and we need this more than stories of symptoms and temperatures, with daily alterations. No class of maladies is more troublesome than disorders of the mucous membranes and none more difficult to eradicate thoroughly, and we have been put to our wit's end many times for remedial agents in such cases. The local treatment of catarrhs is frequently disappointing, and none more so than that prevalent one—post-nasal catarrh. Unless we can get an alterative condition established little good is done, and nothing has been of greater service to me than glyco-thymoline, locally and internally, in several hundreds of long-standing and severe cases of this intractable and common affliction. I have come to regard this preparation as a standard and almost routine remedy; I seldom care for a post-nasal trouble without prescribing it at the onset, and if I don't it is not long before it comes into use. It is just alkaline enough; just so as to the dialysis (the action locally with exactly the right amount of fluid excretion through the diseased membrane) enough astringent without drying the parts; and just the right thing in the direct line of reparative work; it sets up tissue building soon after the membrane gets somewhere near its right shape. Many things are employed in catarrh, but I firmly believe that if I was confined to one agent only, that would be glyco-thymoline. For years I used the so-called antiseptic tablets of boric acid, salt, glycerin, etc., and with good results, but for a long time past this is thrown aside and the glyco-thymoline takes its place. I use it in about half-strength with a Birmingham douche and from twice to four times daily. With this, in bad cases, I give it internally, adding to it, or giving separately, mercuric bichloride, and if done separately the menstrum is compound syrup of stillingia. In presumed syphilitic persons I always do this.

In gastritis, chronic enteritis, vaginitis, gonorrhoea, and in recurring attacks of what too many physicians deem appendicitis, I use this agent freely, and always with good results. As a local application to foul ulcers and especially to hemorrhoids, I think this preparation is very good. In the nasty leg ulcers which now and then defy all remedies glyco-thymoline does wonders—it can't do harm any time, and I am almost persuaded to give it in all instances. In bronchitis and asthma it is fine; in spasmodic croup it fills the bill nicely; it does well in venereal disorders locally, and in balanitis it stops the trouble at once.—W. R. D. BLACKWOOD, M. D., in *Med. Summary*.

## GRINDELIA SQUARROSA IN INTERMITTENT FEVER.

In looking through files of *The Southwestern Progressive Medical Journal*, which publication was merged in this present magazine in March, 1901, I find editorial on the use of the above named most valuable remedy. As we are in the season which gives us "chills and fever," we have thought it not amiss to reproduce the study.

We have used *grindelia squarrosa* extensively in the treatment of chronic intermittent, and with almost uniform success. Given a case of recurring chills with hypertrophic spleen, fullness of stomach region, sallowness, inclining to cyanosis and *grindelia squar.* will give satisfaction. A stitch in the left side—pain at point of gastro-splenic junction—and the above named agent would be prescribed by the writer and in confidence. Of course one must not lose sight of other agents of known merit; such as those which influence the circulation—*veratrum*, *lobelia*, *rhux tox.* Remedies which influence the digestive apparatus, the spinal and sympathetic nervous system—*podophyllin*, *nux*, alkaline salts, the acids, etc., but in some of these phases, especially the want of normal blood circulation, the *grindelia* is all sufficient.

The first twenty years of my practice was in the remarkably malarial region north of the Ohio, east of the Wabash and south of the White rivers in Indiana: directly upon the Patoka river—a tributary of the Wabash. Formerly, this region was noted for other products than "hoopoles and pumpkins," one of the chiefest being intermittent fever. That we have had sufficient schooling in the matter of study and treatment of chronic chills, "ague cake," and other concomitants which usually relate to the disease, is assumed. Finally our treatment was "whittled down" to about five agents, *podophyllin*, *nux*, *wahoo*, nitric acid and *grindelia squarrosa*.

Some 30 years ago Dr. J. W. Pruitt, of Rushville, Ark., called attention to the efficacy of *Polymnia Uvedalia* in the treatment of chronic intermittent. The Bearfoot was plentiful throughout the region in which I practiced at that time. The plant (the fat oily roots) was gathered in its season and used lavishly in form of alcoholic tincture, bruised and in whisky, or made into ointment with adeps. Our observation taught us that the *polymnia* was good in painless hypertrophy, taken internally and applied locally, but further than that it will not reach.

In his Eclectic Medical practice, page 257, Prof. H. T. Webster cites the conclusions of Prof. Bundy upon the use of *grindelia squarrosa* which we quote: "What is necessary in this case is to remove the splenic hypertrophy, which is positively the perpetuating cause, in combination with malarial influences, if the patient lives in a malarious district. 'There is a balm in Gilead,' and when the profession has fritted away time enough in tinkering with routine and hackneyed treatment in unsuccessful attempts to cure chronic intermit-

tents, it may see fit to resort to this remedy, and learn how to succeed in curing them.

"The drug is *grindelia squarrosa*. I have cured over seventy cases in the past four years, and I have yet to see the case it will not cure if properly given. That it may sometimes fail is entirely possible, as almost any remedy is liable to sometimes disappoint; but failure in my hands in curing chronic ague has never occurred with this remedy. Dr. Bundy's method of giving this agent was: Fl. ext. *grindelia squarrosa* (Parke, Davis & Co.'s) ℥iii, syr. acacia and aqua dest. aa. ℥ii. A teaspoonful four times daily. He gave tinct. ferri. chlor. in syrup, the same number of doses daily."

Our method of using *grindelia squarrosa* usually was to combine it with the other indicated remedy. Thus, if there was general tissue fullness: R—Fl. ext. *podophyllum* ℥iiss, fl. ext. *grindelia squarrosa* ℥iiss, spts. peppermint ℥ss, syr. orange or acacia, aqua. aa. q̄a. ad. ℥iv. A teaspoonful four or five times daily. If bowels become too free, lessen amount of *podophyllum*. If the condition was more markedly atonic, nux was a partner; if a free tonic and antiperiodic, euonymus was the associate; if blood depravation with sepsis, then nitric acid. Doctors who must practice in the bottom countries of Missouri, Arkansas and Texas this fall, would do well to add *grindelia squarrosa* to their armamentarium.—W. L. LEISTER, M. D., in *The American Medical Journal*.

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#### REQUIREMENTS OF PHYSICIANS.

We recently referred to a rule that a physician should possess such skill as was prevalent in the community in which he practiced. The court in that case added another rule, namely that he should also have such a degree of skill as was required by the school of practice to which he belonged. Recently a Canadian court, in commenting upon the standard of professional attainment in a given locality, said that it was not a rule of universal application, as there might be places in which the average standard of professional attainments might be very low, and yet if the physicians of the locality had exercised some diligence they could have posted themselves, have journeyed to larger places, or taken instruction in near by hospitals.

Along the same line the Court of Appeals of Kentucky finds reversible error in certain instruction given the jury in the malpractice suit of *Burk vs. Foster*, which the trial court decided in favor of the physician (*Journal of the American Medical Association*) Dec. 6, 1902). The negligence charged was failure to discover and treat a dislocation of the shoulder. The parties live in an isolated village, and it was presumed that the number of physicians practicing in that "vicinity" was not numerous. The instruction referred to was to the effect that the physician must exercise the same degree of skill shown by "ordinary skillful and prudent physicians and surgeons in

that vicinity in treating a like injury." The court holds that such a doctrine is unsound. In a rural community there may be only one or two physicians, who may be utterly incompetent. The law will not permit such a one to hold himself out as a member of a learned profession and invite the confidence and reliance of those suffering from serious injuries and ailments, and then allow him to escape liability for his negligence and lack of skill on the plea that he and his associates in the profession in that community are all of a kind, and none of them have either sense, care, or capacity.

The court recognized further that locality in a certain general sense determines the standard of professional attainments. Those possessed of the highest attainments and greatest skill naturally gravitate to the larger centers, where their wider experience adds still further to their capacity, and further emphasizes the lack of these often found with the more limited opportunities of the rural physician. The correct rule is to measure the physician's skill and degree of attention by that exercised generally by physicians of ordinary care and skill in similar communities. The court held that the objection was faulty, as it precluded a recovery whatever the physician's lack of skill, if the result was as good as was usually obtained in like cases similarly situated.—*Medicine*.

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#### The Antitoxin Fraud.

Every few days we see in the newspapers an account of the discovery of some new antitoxin. They seem to be all still-born, as that is the first and the last we hear of them.

The truth is the antitoxin vogue is about played out. At first the novelty of the idea, and the fact that good results were obtained from the injections in certain cases of diphtheria, attracted the attention and favorable notice of some able men in the profession, but they gradually discovered that it was the antiseptic—the carbolic acid or trikresol—which gave these good results and hence have dropped the serum for plain aqueous solutions of the antiseptic.

The only difference to-day between a solution of one of these antiseptics in distilled water and the diphtheria serum, is the impure source of the water employed in making antitoxin. But it is no longer dangerous as at first. The manufacturer has learned, by grim experience, that enough of the antiseptic must be used to render the horse serum absolutely inert. Hence he has substituted the very much more powerful and less poisonous trikresol for carbolic acid.

The horse serum being carefully rendered inert, the only potency in antitoxin is the antiseptic. But is it not better to start with a hygienic solution of pure water than one contaminated by the presence of organic impurities, and requiring such thorough sterilization to avoid fatalities? The profession has answered this natural query in the affirmative. The majority prefer the use of distilled to tainted water in preparing antiseptic injections for use in diphtheria.

Antitoxin is practically dead. The best men no longer use it, and were it not for the efforts of those concerned in the manufacture of the serum, it would pass into the limbo of things forgotten. But, of course, those to whom it is a matter of business will do all in their power to stimulate its waning popularity. They will not meet with much success. It is too plain that antitoxin has absolutely no merit in itself, that all the virtue resides in the antiseptic, and no doctor, however obliging, cares to aid in perpetuating a fraud.—*The Medical Brief*.

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#### THE CATHETER.

An editorial in *The Medical Brief* on the above subject suggests several good things that it will be well for you to remember. After calling attention to the fact that some of these "catheter cases" can be cured, even after using the catheter for some time, he makes mention of the following remedies as oftentimes proving beneficial:

The man who begins to find difficulty in emptying the bladder readily should never attempt to do so when in haste, cold, very tired, or excited. He must be comfortable, set about it deliberately, and take plenty of time. A New York physician advised the knee-chest position as the most favorable for securing a perfect evacuation of the bladder. The sound of running water has a valuable psychical effect increasing the volume and force of the urine stream.

When the bladder is so feeble that it fails to contract vigorously on its contents, tincture of cantharides in very small doses—the fraction of a drop—is effective in improving the tone of the organ.

Arnica is another remedy useful in this condition, especially in quite old men, and its use may be pushed until the desired results are obtained, or patients are nauseated.

Where the urine merely dribbles away, physostigmine, one two-hundred-and-fiftieth grain, three or four times daily, is useful in some cases.

Gossypium has been favorably reported as of value in weak and paralyzed states of the bladder.

If retention of urine is a result of spinal disease, cannabis indica is the best drug to use.

In painful or difficult micturition, accompanied by a sensation of incomplete evacuation, ergotin will often relieve.

Counter-irritation over the sacrum will assist the bladder to empty itself.

Buchu is not usually indicated in inflammation of the bladder, because it is too stimulating, but a slight catarrh, attended by weakness of the longitudinal muscular fibers of the bladder, is sometimes benefitted by its use.

Strychnine, where indicated, is one of the certainties in paralysis of the bladder.

Because of the close nervous connection between the bladder and rectum, disease of one sympathetically affects the other. Hemorrhoids, for instance, may cause irritation of the neck of the bladder. Dilatation of a tightly-contracted anal sphincter may be all-sufficient to relieve an attack of retention. It has been observed that passing the catheter may cause the sphincter to dilate spontaneously. Therefore, when one of these organs is affected, take both into consideration.

Washing out the bladder is a palliative measure rather than curative. Borax makes a better solution for this purpose than boracic acid.—*Medical Visitor*.

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#### EXOPHTHALMIC GOITRE.

Dr. G. R. Murray, in *London Lancet*, gives the clinical history and symptoms of 120 cases of exophthalmic goitre. We have excerpted that portion of it dealing with treatment. At the outset the writer says that no definite line can be laid down that is applicable to a large number of cases. The symptoms vary so much that there must be a special adaptation of the treatment to the individual case.

The general hygienic management is of the utmost importance. If the symptoms are severe, rest in bed for three or four weeks is essential. Where there is rapid emaciation and the nervous symptoms predominate, the full Weir Mitchell treatment should be employed. In less severe cases, and those in which the rest in bed has already been given, there should be a careful regulation of the patient's mode of life as far as circumstances permit. At least twelve hours should be spent in bed, from 10 p. m. to 10 a. m., breakfast being taken in bed. In many cases this may be supplemented by having the patient lie down from 2 to 3 p. m. and from 6 to 7 p. m. A quiet life in the country or at the seaside, as free as possible from excitement or effort, is most suitable. As much time as possible should be spent in the open air, partly reclining on a deck-chair and partly in taking gentle walking exercise, which may be gradually increased from half a mile up to three or four miles a day as the case improves.

Electricity is valuable in these cases, and has been neglected, as the recommended method of application has been too elaborate. The faradic current is easily applied by using two flexible metal electrodes having a surface area of two by four inches. These may be conveniently attached to a strap and buckle which encircles the neck. One electrode is placed in front of the thyroid gland, and the other over the back of the neck. The electrodes are connected with a secondary coil of a small dry-cell faradic battery. Sufficient current is used to produce a distinct prickling sensation. The faradic current should be applied in this way for an hour each night and morning for several months. Under this treatment there is usually steady improvement.

Unfortunately, out-patients of the poorer class cannot efficiently carry out the hygienic measures; in these we must still resort to drugs

almost to the exclusion of a more rational therapy. Any drug treatment should be steadily maintained for weeks and even months. Belladonna is useful in some cases, but it frequently fails in relieving the symptoms. It is difficult to continue the drug for a long time, especially if it is pushed to its physiological effect. Convallaria has proved useful in cases in which the frequency of the pulse has been very high. Bromides are useful in cases in which there is marked nervousness and tremor. Arsenic is useful in nearly all cases, and may be combined with other drugs with advantage. The best results are obtained by giving small doses, three or four minims of Fowler's solution three times a day for a month or two, or for the first three weeks of each month. Of animal extracts, thymus and suprarenal tablets have both been of service. Thyroid extract is harmful, as it often aggravates the symptoms, and it should not be given. — *Medicine.*

#### ARTERIAL SEDATIVES IN TREATMENT OF HEART DISEASE.

The exhibition of digitalis has so long been regarded as the proper treatment for a failing heart that it sounds almost heretical to speak of the value of aconite and veratrum viride in disease of the heart. Occasionally in the literature of the last twenty-five years, reference will be found to the value of heart sedatives in the treatment of cardiac involvement. The writer of this article, when a student, remembers to have heard an excellent clinician refer to the fact that certain cases of heart trouble which did not do well upon digitalis would be benefited by aconite. He offered no explanation of this, merely stating it as an empirical fact.

Recent studies show that there is an important relation between the heart and vascular pressure. In cases of hemorrhage and shock the heart's action becomes rapid and feeble, due to the fall in vascular pressure, which is away below normal; the tumultuous action of the heart is caused by its efforts to fill the depleted blood-vessels.

It is obvious that the remedy for such a condition is something that will contract the peripheral arterioles and restore the vascular pressure, as the heart's action is dependent upon a certain vascular tone. Conversely, when vascular tension is high there is an increased work thrown upon the heart, and of necessity that organ must hypertrophy if it is to successfully carry on the circulation. The purest examples of this are found in the various kidney lesions, in which we have hypertrophy without valvular lesion. The vascular conditions arising from kidney lesions often lead to high vascular tension, due to the same causes which determine sclerosis of the aorta and distortion of the valves of the heart. The effect of digitalis is often just the opposite of that which is aimed at. The tincture as prepared not only contains a cardiac stimulating principle, but also a vaso-constrictor substance, hence whatever value the digitalis may have in stimulating the heart's action is offset by the increased vascular pressure due to contraction of the peripheral arterioles.

This has led to the preparation of what is known as a "fat-free" digitalis. In this preparation it is claimed that the pressure raising principle is eliminated, while the cardiac stimulant action is retained.

A similar explanation will account for the benefit derived from the administration of veratrum viride and aconite in cases of heart disease. They are unquestionably of use because of the power they have in lowering vascular tension, in this way enabling the heart to carry on the circulation with less peripheral resistance and correspondingly less labor. In studying a considerable number of cases it will be found that there are not a few instances of advanced cardiac disease in which there is cardiac degeneration as well as valvular disease which will be benefitted by a cardiac sedative.—*Medicine*.

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#### **Baptisia Tinctora.**

A. J. Clark, M. D., of Loveland, Colo., in speaking of the great value of this remedy in all conditions characterized especially by great fœtor and prostration, mentions an epidemic of measles, which he classifies as "black measles." Nine cases of this form of eruptive disease were treated successfully with baptisia. A peculiarity of all these cases seems to have been the breathing. Rapid, panting breathing, almost impossible to count, for some minutes. Then a period during which the child did not seem to breathe. Then the rapid respirations would recommence. The symptoms which particularly called attention to baptisia were probably the fœtor of the breath, and the fact that the skin about the mouth and nose of each little patient seemed to be black, as from contact with the offensive breath. This form of epidemic measles is doubtless very fatal. We believe that baptisia was of great value, and probably saved life. The same remedy has been used, under the same circumstances of fœtor and prostration, in scarlet fever and diphtheria, and also in other infectious maladies. It seems effective when administered in the tincture. Dr. Clark's article was read before the Colorado Society.—*Critique-Recorder*.

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#### **Is Cancer Contagious?**

Bossi (*British Medical Journal*,) answers the above question decidedly in the negative, and he bases his opinion on the results of an inquiry as to the prevalence of cancer between husbands and wives. He says that if contagion is possible or probable nowhere would it be so likely to occur as between husband and wife during coition, assuming the wife to be affected with cancer of the cervix. The conditions are in favor of ready infection, for cancer of the cervix may exist for some time without the knowledge of the patient and certainly without dyspareunia (blood may follow coitus, and is sometimes the first index of the disease). The surfaces of contact are relatively large, and in a functional state ready for infection, and both tissues prone to the



development of cancer. For these reasons the author thought that, if anywhere, proof of contagiousness would be found here. He accordingly selected a series of clear cases brought under his notice during the last ten years—180 in all. He divided them into four classes: in the first (where cohabitation occurred for not less than three months after the cancer of the cervix was discovered) there were 78 cases; in the second (period of six months), 49; in the third (period of nine months) 36; and in the fourth (period of not less than twelve months), 17. In no single case out of the 180 did the husband develop cancer. Further, the author wrote to several well known gynecologists asking their experience in the matter. In this way he accounted for some thousands of cases, and yet was unable to find a single instance of contagion in this respect. The figures which have been published in support of the opposite view, namely, that cancer is contagious, he explains away on the theory of coincidence.—*Medical Age*.

#### Physicians' Quarters.

The suggestion that certain buildings in the larger cities be set apart for exclusive use of medical men should meet with a hearty response on the part of the profession. Much difficulty is commonly experienced in securing offices which are properly located, select, and having such facilities as heat, light, water supply and the many conveniences which are now required by the physician and specialist; but which are seldom obtained in any private residence, no matter how costly and elegant.

The advantages which would result from a proper grouping in one locality of physicians, surgeons, and the various specialists, who would be readily accessible in cases requiring consultation or for mutual assistance, are quite apparent, while close communications with a druggist, physicians' supply house, nurses' agency and the like, would help to render medical practice easier and more effective from the doctor's standpoint, while the patient would reap many advantages not heretofore enjoyed.

In several of the larger cities, the experiment is being tried, and we believe with satisfaction to all concerned, but with better facilities and a larger outlay on the part of capitalists, we think the doctors' building will grow in popularity, both in large and small cities, and will be one of the features of the next decade.—*New Eng. Med. Monthly*.

**ECHINACEA.**—Dr. H. D. Quigg, has used the drug in many cases and for many diseases. In short, he has given it a very thorough clinical test and he has come to the conclusion that "the drug, administered internally, is absolutely inert." He has never seen a single case in which he could say that the remedy was of any particular value, save in some forms of sore throat. It is probable that we shall have many reports of this character, until the time arrives that the drug has been accurately proven.—*Amer. Medical Journal*.

## Eclectic Medical Journal.

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### COMMON DISEASES OF CHILDREN.

**I. MEASLES.**—Measles is one of the most common diseases of childhood, and is prevailing at the present time in epidemic form throughout many sections of the country. It is an exanthematous affection, and while it may occur at any age, it is most frequently encountered during early life, in the majority of cases under the tenth year. The prognosis for measles should be regarded as favorable, especially in uncomplicated cases. We find, however, in various old line works, the mortality is given as from five to eight per cent. When we consider the treatment suggested it is not to be wondered at, and probably no better results could be expected. This varies from the let alone and do nothing treatment to tr. camphorated opium and Dover's powder, together with the free application of camphorated oil to the integument to hasten the eruption and aid it when only partially and poorly developed. Do you wonder at the death rate? Of the two extremes, no doubt the first mentioned—do nothing—is the better treatment, and much to be preferred.

The serious and dangerous cases of measles usually depend upon the complications and sequelæ that attend or follow an attack; and in our judgment, under proper and judicious treatment the duration and severity of the disease may be favorably influenced, as well as the occurrence of complications rendered less likely.

This is a highly contagious affection, being communicated by the breath as well as the exhalations of the patient. The poison is disseminated and propagated through the air, also may be carried from person to person through the medium of clothing or the hair. While the element of infection is quite virulent in measles, the area of contagion is quite limited and small as compared to certain other of the exanthemata.

From a given exposure the first characteristic symptoms usually manifest themselves after a period of incubation of from 7 to 10 days. During this time, as a rule, no special change is noticed in the patient. Occasionally there may be more or less listlessness and languor; sometimes the child is drowsy and shows a slight elevation of temperature.

Following this the prodromal stage appears, continuing 2 or 3 days, during which we have the distinctive symptoms of measles, the invasion showing the typical catarrhal conditions, which are usually severe; these are manifested by a well defined coryza, profuse lachrymation, and a most troublesome and harassing cough, owing to the nose, eyes and upper air passages becoming involved. Headache is also complained of, nausea and vomiting are not unusual during this stage, the tongue is usually furred. The eyes present a suffused and injected appearance; the temperature rises to 102° or 103° with a correspondingly increased pulse. Papules of a dark red color may be seen on the mucous membrane of the throat, hard and soft palate.

The stage of eruption follows within two or three days. This is first seen upon the forehead and neck, then the face, and gradually extends downward over the body and finally to the extremities; continuing about 30 hours from the first to its desquamation and final disappearance. The eruption appears at first as small red points, they readily increase in size and become more distinct, they are uneven and irregular in outline and soon incline to coalesce. The rubolous eruption is slightly elevated and rough as may be detected by passing the finger over the skin. During the height of this stage photophobia becomes pronounced, also the eyes swollen, partially closed, with the conjunctivæ considerably reddened. Diarrhea is sometimes present at this time. With the complete development of the eruption, the symptoms begin to abate, pulse and temperature decline, cough is less troublesome, and the flushed and swollen condition of the face declines. One of the features of greatest danger is at the beginning or during this stage in which, owing to want of care, or inattention, the child contracts a cold, even though it may be slight, resulting in a partial or tardy development of the eruption, or later in the complete retrocession. Under such circumstances serious and dangerous symptoms immediately follow.

The treatment that has always given most satisfactory results in our experience is to note carefully the indications and meet them with specific medication. This in the beginning will usually be aconite and lobelia in one glass, alternated with asclepias in another. The asclepias should be given in sufficiently large doses to induce relaxation and free diaphoresis, and thus the quicker eliminate the poison and develop the eruption. ʒj to ʒij to ʒiv of water would be about the correct proportion for children between five and ten years of age, administered in teaspoonful doses alternately every hour with the other glass. Other agents may be called for in some cases, as gelsemium, rhubarb, ipecac, drosera (for cough), passiflora, and so on as severally indicated, but in nearly every case we have ever treated the first named agents have proved all sufficient for ordinary cases. The diet should be milk. The room should be kept dark and properly ventilated. For the troublesome cough that attends and follows convalescence, drosera answers in many cases, but we have found nitrate o

sanguinaria, 1 or two grains to 4 ounces of sweetened water, a small teaspoonful every two hours, to act with remarkable promptness and efficiency.

The treatment of the frequent sequelæ—lesions of the eyes, ears, bronchitis, pneumonia, pleurisy, laryngitis and catarrhal troubles in general—should be the same as prescribed in such affections usually.

Rubeola Nigra—or so called *black measles*. This is not a distinct species; it is a malignant type of the disease, the dark color being due to incomplete decarbonization of the blood and frequently a slow development of the eruption. In addition to the treatment named, baptism, echafolta, and sulphite of soda will usually be indicated. R. C. W.

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### STAND UP AND BE COUNTED.

It is sometimes very trying on one's nerves to stand up and be counted. To take a position with the minority is to place oneself in an attitude which invites criticism and often persecution. Our Eclectic fathers belonged to the minority end of the medical profession, but were not afraid to stand up when their names were called. When they answered aye, it was not in an undertone. They voted upon all questions medical and feared not, for they knew they were in the right which was eventually bound to win, and they dared to maintain what they believed in. It is as necessary to-day to vote aye as it was in the early days.

It would seem to be to our personal interest sometimes, to sit quietly in our seats when our names are called and remain silent. It is best, however, to arise and be counted. It might perhaps pay in dollars and cents to conceal our identity, but it does not pay in the end. To be in the right is everything. To stand up with the voters is to be identified with the workers.

If we believe in Eclecticism we ought to stand up and be counted. We ought not to be too timid to respond to the roll-call. What we believe in should be maintained by us with all the vigor we possess. Unless we do this our cause must suffer by default.

How about it? Have we all been in the contest? Let us take a retrospect of the past. When we went from college with our sheep-skin under one arm, out into the harvest field, did we go with a determination to always be counted when there was work to do? Or did we go forth uncertain as to our course, and unwilling to be found voting on the side or the minority? Since then when others have been struggling to secure a stronger foothold for Eclecticism have we stood up with them to be counted?

The National Eclectic Medical Association calls to us every year to stand up in the ranks of the men who are working at the expense of time and money to maintain and advance the cause we are engaged in. Have we answered aye? A cripple may be excused from arising. A man, sound in body, can not be.

Ten thousand men in the United States belong to the Eclectic branch of the profession. Less than five per cent have stood up to be counted by the Association. They have failed to vote and thereby have weakened the efforts to advance their standing. Are we content with the narrow limits of the field in which we began to graze? Has the larger field no attraction for us? Are we are satisfied to gobble up all the grass in sight while others are busy building fence? Is not it a pretty good idea to rest the stomach a little while and give the head a chance? I do not mean to say that the brain of the man, busy with his practice alone, has not also been busy, for it has; but one will live longer and better and not be so apt to have brain-fag, if he will get outside the old pasture on which he has grazed for years. Break over the fence and look around. If you are stooped from having carried your load single-handed for so long, look up and see if you can not find a gap somewhere to slip out. This year will be a splendid time to see what the National Eclectic Medical Association looks like. It will also permit you to see the World's Fair at the same time. Take a week off. Stand up this year and be counted.

A. F. S.

#### PNEUMONIA.

At a recent medical meeting in Chicago, Dr. Beven made the announcement that we have no remedy for pneumonia, but must rely on general treatment and the patient's vitality for hopes of recovery from this disease. The newspaper accounts go on to say that "this statement provoked a storm of protest from the members present, who were, however, ultimately forced to admit the truth of the doctor's remarks."

It seems to take a long time for medical men to learn that there are no specifics for names of diseases. Dr. Beven could have as well said that we have no single remedy for typhoid fever, rheumatism, tonsillitis or any other disease. Eclecticism has for many years contended for specific treatment of the symptomatic manifestations of pathological conditions, and has asserted over and over again that there are no specifics for disease except as its various indications are met with the appropriate remedies.

A mortality of 40 per cent. under regular treatment is confronted with a mortality of less than half of this when no treatment but the expectant is followed. It is therefore a good thing that some change should be suggested. Heroic measures intended to "break up" pneumonia or to control morbid processes in this disease are usually disastrous; the patient is generally "broken up" much more quickly than his affliction.

In the treatment of pneumonia we should watch our patient carefully, having due regard for hygienic and dietetic measures, for we must aid and support nature's efforts. The inflammatory pulmonary condition, whether due to germs or other causes, when once fairly

launched, must of necessity pursue its course to the end ; the disease can not be aborted, and the outcome largely depends upon the innate vital resources of the patient, aided by skilled nursing and care ; no doubt many cases of pneumonia will go on to recovery without further treatment. But remedies have a valuable place in the treatment of this disease, and we have never yet failed to find indications for specifics which for the most part have acted well. The remedies which appear to be called for most frequently in the early stages are aconite, veratrum, asclepias, bryonia, gelsemium, lobelia and ipecac ; these, with stillignia liniment, libradol and compound emetic powder externally, are standard remedies appreciated only by those who have used them and know when to apply them. Later as the disease progresses, we will find indications for stimulants and heart remedies, such as cactus, strophanthus, digitalis and macrotys, while during convalescence ferruginous tonics and the hypophosphites will be found useful.

L. W.

#### WANTED, MORE LIGHT.

There is shown a great desire among physicians of other schools to learn Eclectic methods. They are not satisfied with old school therapeutics, and feel a weakness in materia medica which they are slow to confide to sympathetic ears. However well versed in pathology, anatomy, physiology, and other basic studies they may be, there is still lacking a knowledge of remedies and how to use them.

In attendance recently at a post graduate school where the majority were regulars, the writer announced himself as an Eclectic, naturally supposing he would be ignored and possibly scorned by the others, but greatly to his surprise, he was besieged by them individually and collectively to explain and advise in regard to Eclectic methods, so that for a great part of the time he was conducting a small post graduate school of Eclectic therapeutics between the regular lectures and clinics. He was called upon frequently by the clinician in demonstration before the class to give the Eclectic view of the case in hand ; deference and respect were shown, and there was an entire absence of bigotry and intolerance, such as we have been led to expect, especially when bearding the lion in his den.

It is remarkable how few physicians in the rank and file—the every day hard working doctors—are following the serum extremists and fadists in other directions ; they are hungry for something more useful and practical, more beneficial and rational. The medical nihilism of the old school has almost driven them to despair ; hence the earnest seeking after light, and the hope of finding it in Eclectic therapeutics.

Recently one of our more prominent Eclectics was selected to speak upon Eclectic therapeutics before a class of regular students in a large University in this State. The invitation was extended to him several times, but he refused upon the ground that Eclectic methods could best be learned in Eclectic colleges. There is a firm belief in

many directions that, as far as the administration of medicines for the relief of morbid conditions reaches, Eclecticism is in advance of other schools. We must acknowledge that therapeutics is our strong hold and our chief reason for maintaining a separate system as a school. The basic studies, such as physiology, anatomy, chemistry, and so on, are common to all schools and do not differ; there is no distinctive regular, homeopathic, or eclectic anatomy, for instance. How to cure disease with medicine is what the doctor wants to know, and so we find him seeking more light; the bright rays from the Eclectic light attract him, and he comes to revel in its warming beams, and to share in its beneficent, life-giving force.

The amount of ignorance shown by some of these seekers of light, in regard to therapeutics in general, and especially Eclectic therapeutics, is amazing. It is often necessary in the very beginning, to impress upon their minds that we have no specific remedy for any disease; that we do not treat the name but the manifestations of disease, and that nomenclature is of secondary importance. We administer remedies according to well known indications, and these remedies are given whenever the indications appear, no matter what name may be given to the general condition present.

There is an impression extant that Eclectics have specifics for diseases, and some seekers after light are disappointed when informed that such is not the case. Truly the field is ripe for the harvest, and the harvesters are few. Those who inquire in regard to Eclectic methods are instructed as briefly as possible, and are advised to read Eclectic books and journals. We need more works on practice and materia medica. As a school we are in advance of our literature. But Eclectics generally everywhere seem to be too busy to write. L. W.

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#### JOHN KOST, M.D., D.D., Ph.D., LL.D.:

The passing from earth, on Jan. 11, 1904, of Dr. John Kost, at his home in Adrian, Michigan, removes one of the few surviving characters who were conspicuous during the days of medical reform, and one who figured as a college professor and author of considerable distinction. Dr. Kost had long passed the allotted age of man, having been born at Carlisle, Pa., April 11, 1819, of Revolutionary stock. His greatgrandfather, Herr George Kost, was on terms of intimacy with General Washington and other officers of the American army.

Of the early life of Dr. Kost but little is known, but that he became famous as a scholar and educator is widely recognized. In a professional life of over 60 years—20 years as a medical college professor, 20 years in the Methodist ministry, and 20 years of scientific research—he became sufficiently noted for his work and writings to receive prominent recognition among scientists. At one time he was Chancellor of Heidelberg University at Athens, Ohio; and in 1883 he founded and was Chancellor of the University of Florida. He also

served as State Geologist of Florida. He was a member of many learned societies, among them the American Association for the Advancement of Science; Society of Letters, Science and Arts, London; he was Chevalier de l'Ordre Hospitalier, and Chevalier de Sainte Catherine du Mont Sinai fonde A. D. 1063 at Jerusalem.

In the early struggles for medical reform Dr. Kost was conspicuous as a teacher of Botany, and later of Botanic and Eclectic medicine. He founded the Botanico-Medical College of Cleveland, O., and later was elected a professor in the reorganized school at Worcester, Mass., known as the New England Botanico-Medical College. For a period he occupied the chair of Botany in the American Medical College of Cincinnati, O., founded by Drs. L. E. Jones and A. H. Baldrige, and which became extinct in 1857. His latest medical venture was that in the medical department of the University of Florida, at Tallahassee and Jacksonville.

Dr. Kost wrote several books of merit, among which may be mentioned Domestic Medicine (1844), *Materia Medica and Therapeutics* (1849), *Practice of Medicine, Diseases of Women and Children*, a work on Anatomy, one on Physiology, another on Obstetrics, and a Medical Jurisprudence. Since he passed his seventieth year he had prepared a large work entitled *Human Destiny*, a portion of which has been published separately under the title, "Death, a necessary and beneficent factor in the Economy of Nature."

Dr. Kost was an extensive traveler, was decorated by royalty for his scientific researches, and collected numerous museums which he disposed of to institutions of learning. The collection placed by him in the first college in which he labored, Adrian College, contained 60,000 specimens. At the time of his death he was a member of the Michigan State Board of Registration in Medicine.

H. W. F.

#### RECURRING CARCINOMA.

The treatment of recurring carcinoma following surgical interference, is probably best combatted by means of the X-ray, and curettage of the necrotic field, applying afterwards pledgets of lint moistened in specific tincture of thuja. I would suggest that the thuja be applied two or three times a week, and that the patient be placed under the X-ray every third or fourth day for ten or fifteen minutes, allowing the tube to cast its shadow beyond the infected region, and making its strongest assault central to the malignant growth. Some cases under observation have improved very nicely by the above suggested treatment.

I presume that in the near future radium salts can be applied by placing them in a properly prepared glass tube; and in cases of carcinoma of the uterus, introduce the tube containing the salts, and place them immediately into the center of the field of destruction. It seems to me that we should eventually be able to get better results in the treatment of carcinomatous lesions.

L. E. R.



**THE NATIONAL.**

The National Eclectic Medical Association will hold its thirty-fourth annual convention at St. Louis, Missouri, June 14—18, 1904.

**THE NEED FOR ORGANIZATION.**

Never in the history of our school has Eclecticism wielded the influence in the medical world that she does to-day, and never before has her opportunities been so great nor her need of organization so urgent, as at the present time.

The depressing effects of the coal tar products; the uncertainty of serum therapy; the failure of glandular extracts, and the large mortality in pneumonia, are opening the eyes of a great many medical men to the fallacy of modern medication, and many are beginning to study our methods and remedies. The times are propitious for a great forward movement. If the thousands of our physicians would ally themselves with their State and National Associations, there would be such an impetus given to the cause as would be inestimable.

**THE PLACE OF MEETING.**

The eyes of the whole civilized world will be turned to St. Louis, this year, in contemplation of the most stupendous and magnificent World's Fair ever held. The Fair occupies 1,240 acres, or nearly twice that embraced by the Columbian Fair at Chicago. Fifty million dollars will have been spent when the Fair opens its gates in April, and the "Ivory City" will be the marvel of the world. Every Eclectic in the United States should be there.

**HEADQUARTERS.**

The Association has made a contract with the Epworth Hotel Co., to entertain three hundred or more at one dollar per day, European plan, two in a room, separate beds if desired, or if but one in a room, two dollars per day. We have reserved one hundred and thirty-five rooms on the second floor.

Our Association will be held in the Convention Hall of the hotel, which seats six hundred people.

To secure these rates, the Association deposited one hundred dollars with the Hotel Company. If the required three hundred are entertained, the convention hall and committee rooms are furnished free, but if the number falls below three hundred, the Association is to pay fifteen dollars for the hall and committee rooms the first day (all day session), and ten dollars per day for each of the half day sessions. If three hundred are present, we get a rebate of the one hundred dollar deposit. If less than three hundred are present, the balance of the one hundred dollars, after deducting the price of the hall and committee rooms (fifty-five dollars), to be refunded. In order that we may know definitely how many will be present, I would urge every one who expects to attend to notify Dr. H. H. Helbing, 4235 West Belle Place, St. Louis, by card, how many will be in his party. These

cards will be filed in the order received. If by April or May, we find that we are not going to reach the three hundred, we can have friends join our party and thus secure the rates. To save the Association the one hundred dollars deposited, it is necessary, therefore, to have three hundred present.

Parties desiring to remain in St. Louis longer than convention week, can remain at Hotel Epworth at the same rates, provided they notify the hotel company some time in advance of the meeting.

#### HOTEL EPWORTH.

It is the only safe, permanent brick hotel within easy walking distance of the World's Fair grounds. All other hotels in process of erection are of cheap frame and staff construction.

It is beautifully located three blocks north of the Fair grounds on the corner of Melville and Rosedale Place (which is the continuation of Washington Ave.) on the highest point of land adjacent to the Fair, sixty feet higher than the principal palaces of the Exposition, giving a grand bird's eye view of the Fair and the great City of St. Louis, within five minutes walk of the Administration and Convention entrances on the north side.

All points of interest in and about St. Louis are easily reached by the splendid transportation facilities radiating from Hotel Epworth. Five-cent fare to all points. It is easily accessible by electric and steam lines from the Union Station and down town points.

All conveniences of a first-class modern hotel. All rooms outside, light, airy, comfortable, well furnished; iron beds with springs, high grade mattresses, feather pillows, etc., etc., electric lights, steam heat (for fall months), pure filtered water (from Missouri river), baths on every floor; rooms with private baths can be furnished; barber shop, laundry, news and book stand, apothecary, resident physician, telegraph and telephone service, long and short distance.

Dining room on ground floor. Meals served a la carte, prices guaranteed reasonable, service the best. Box lunches may be obtained to carry into the grounds.

Roof garden, 21,000 square feet of floor space, canopied and brilliantly lighted at night. Ideal place for gatherings, services, etc. Perfect view of pyrotechnic display on grounds. Cool, restful, quiet.

Assembly room on ground floor, six hundred seats, committee rooms attached available for Sunday and week day services, meetings, etc.

The character of Hotel Epworth and its guests, makes it an ideal World's Fair home for ladies without escort.

#### TIME OF MEETING.

The Executive Committee decided to hold the meeting one week earlier than usual, this year, the week of Tuesday, June 14th, as the weather in St. Louis after middle of June is generally very hot.

Realizing that the World's Fair attractions will be irresistible, the Executive Committee deemed it the part of wisdom to hold only half

day sessions after the opening day, and continue the meetings the remainder of the week. By this plan, the members of the Association can visit the Fair every afternoon and evening if they so desire:

The first day, Tuesday, will be an all day session, the Association adjourning at 12:30 or 1 p. m., the remaining days of the week.

R. L. THOMAS, M. D., President,  
792 E. McMillan St. Cincinnati, O.

F. ELLINGWOOD, M. D., Secretary,  
100 State St., Chicago, Ill.

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#### INTESTINAL ANTISEPTICS.

Medicationists must look well in the future for an intestinal antiseptic that will meet and combat the ravages of typhoid fever. From the immense death rate that has taken place all over the United States within the last six months, it would seem that the practitioners of medicine are at a stand still in regard to the line of treatment for a successful issue in typhoid fever. The old original theory of ulceration of Peyer's glands as the cause of typhoid fever, has gradually given way to the later day theory of the ravages of typhoid bacilli; and that which was years ago considered the cause of the disease, is now claimed to be the effect—the destruction of the tissue by the typhoid bacilli. It seems that with our best materia medica men, and teachers of the practice of medicine, sooner or later the proper remedy for a more successful treatment of typhoid should be forthcoming. I am now, as heretofore, of the opinion that it will come through the means of remedies for their specific antiseptic effect on the primæ viæ. There can be no doubt in regard to the prime cause of typhoid from the use of impure water; and the old fear of contagion gives way to the possibility of other patients drinking of the contaminated water.

L. E. R.

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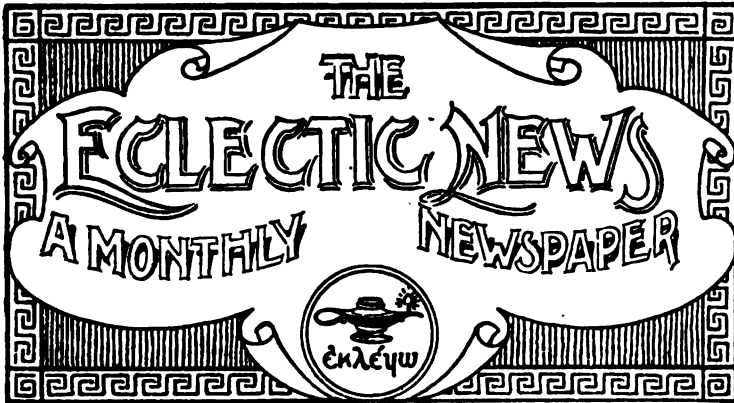
#### North-eastern Ohio Eclectic Medical Society.

The next quarterly meeting of this Society will be held on Thursday, March 10th, 1904, at the Forest City House, Cleveland. It is to be hoped that every Eclectic in the state who can, and especially every Eclectic in the northeastern part of the state, will avail himself of the opportunity to attend.

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#### Georgia Association.

The 30th annual meeting of the Georgia E. M. Association will be held at Atlanta, March 30 and 31, 1904. On the evening of the 31st the annual Commencement Exercises of the Georgia College of Eclectic Medicine and Surgery will take place in the Assembly Hall of the Kimball.



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## BOOK NOTICES.

**THE ESSENTIALS OF MODERN MATERIA MEDICA AND THERAPEUTICS.** By John William Fyfe, M. D., with Formulary by G. W. Boekowitz, M. D. 12 mo, 344 pp. Cloth \$2, net. The Scudder Brothers Company, Publishers, Cincinnati, Ohio.

This is an eclectic book and a good one. It is attractive, as all the materia medica books of this school are to all homeopaths who have been graduated from technique-inculcating homeopathic colleges. How many of the present day homeopaths are aught but eclectics in thin disguise? Take the notebook of the average graduate and see what he has carefully filed away for future use. A hundred or two special remedies for special diseases! And if there is anything special in eclecticism it is its specialism, its treating of diseased conditions, real and assumed, by specific medicines.

But Dr. Fyfe's book, patterned after the Essentials series of our own Dewey, is a good book, well written, well arranged, and well printed. His introductory chapter or preface, outlining the nature of materia medica in general and the principles of eclecticism in particular, is a little jewel of conciseness and interest as well as of information. His description of man and the presumed action of medicines, if not novel, is at any rate plausible and fills a want which homeopathic medicine fails to supply. For instance, he says: "Man's body is composed of cells and cell derivatives, arranged in such a manner as to act in harmony—the one cell aiding the other in its specific labor incidental to its position as a part of the organism we call man . . . in man cell function is largely controlled by the influence of the nervous system . . . each cell possesses the faculty of selecting that which is adapted to its individual use without regard to the action of the other cells. Upon this selective faculty of individual cells must we ever largely depend for the beneficial results of

drugs, as it is owing to this selective power that we are enabled to medicate certain portions of the body. Through this independent cell action certain structures or parts of the body possess a certain selective attraction for certain drugs, and as a result we are enabled to medicate the throat with aconite; the thyroid, mammary, and other glands with phytolacca; the lungs and pleura with bryonia; the heart with cactus; the stomach with ipecac; the liver with podophyllin; the spleen with polynia uvedalia; the intestine with magnesia; the rectum with collinsonia; the uterus with cimicifuga; the bladder with gelsemium; the ovaries with pulsatilla; the prostate with sabal serulata; and the urethra with staphisagria."

We are tempted to launch out into our usual jeremiad on the threatened decadence of homeopathy upon seeing this excellent little book, and noting how similar its teachings are to much that goes for homeopathy in the colleges, and in many of our practitioners' practice at this day. Dr. Fyfe has given his brethren a fine book; and we put it on the same plane of excellence with Dewey in homeopathy. It is well written, as we have said; well reasoned, and will hold its advocates to the last. The book is arranged in alphabetical order of remedies. It is concise; it wastes no time or space in "unthinkable hypotheses;" it addresses itself on every page to the practical needs of the practitioner who is in medicine not for his own health. It is a small dictionary of the remedies discoursed upon, the form of the prescription, and the usual form of ailments in which it is acclaimed to be curative. As we have often said, were we not a homeopath, we would choose to be brother to Bloyer, Cooper, Fyfe, and a dozen other famous eclectic, after whom we take the liveliest pleasure in reading. But we had a good introduction to homeopathy in the Old Missouri Homeopathic, and it is hard to teach an old dog new tricks, however taking. For general medical knowledge, for practical directions, we believe this book would be of service to the intelligent homeopath; but to the time-serving, surgical-homeopath, or the homeopath limited, it would be a grave temptation.—F. KRAFT, M.D., in *Amer. Physician*.

DUNGLISON'S MEDICAL DICTIONARY. By Robley Dunglison, M.D., LL.D. Revised and Re-edited By T. L. Stedman, M.D. 1220 pages, with 600 illus., with thumb-letter index. Cloth, \$8.00, net. Lea Brothers & Co., Philadelphia.

A dictionary which has held the place of first and final authority for seventy three years in so progressive a science as medicine needs no introduction. "*Dunglison*," in its previous twenty-two editions, has become synonymous the world over with medical lexicography, and will maintain its pre-eminence with this complete revision now demanded by the profession. Illustrations have now been added to "*Dunglison*," a new feature intended to aid in the understanding of terms which can be better explained by the conjunction of reading matter and pictures. The text illustrations have been specially en-

graved for this edition, and included in the work are no fewer than 85 full-page plates, mostly in colors. In a word, this unrivalled dictionary reflects the benefit of an expenditure limited only by its requirements.

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**THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY FOR 1904.** A Yearly Digest of Scientific Progress and Authoritative Opinion in all branches of Medicine and Surgery, drawn from journals, monographs, and text-books of the leading American and foreign authors and investigators. Arranged, with critical editorial comments by eminent American specialists, under the editorial charge of George M. Gould, M. D. Volume I, including *General Medicine*. 8vo, 673 pages, illustrated. Vol. II, *General Surgery*. 8vo, 680 pp. illustrated. Philadelphia, W. B. Saunders & Co. Per volume, cloth, \$3.00 net.

The American Year-Book of Medicine and Surgery continues to maintain its high place among works of its class. Indeed, the issue of 1904, now before us, if anything, is even better than the excellent issues of previous years. Such a distinguished corps of collaborators which the editor, Dr. George M. Gould, has enlisted as his assistants is sufficient guarantee that the essential points of progress are brought out, and the collaborators' notes and commentations are excellent. In the illustrative feature the 1904 issue fully maintains its reputation, there being fourteen full-page insert plates, beside a number of excellent text-cuts. We pronounce Saunders' Year-Book for 1904 the best work of its kind on the market, as it has always been. W.N.M.

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**A TEXT-BOOK OF LEGAL MEDICINE AND TOXICOLOGY.** Edited by F. Peterson, M. D., and W. S. Haines, M. D. Two imperial octavo volumes of about 750 pages each, fully illustrated. Philadelphia: W. B. Saunders & Co. Cloth, per volume, \$5.00 net.

For convenience of reference the treatise has been divided into two sections, Parts I and II, the latter being devoted to Toxicology and other portions of legal medicine in which laboratory investigation is an essential feature. Under "Expert Evidence" not only is advice given to medical experts, but suggestions are also made to attorneys as to the best methods of obtaining the desired information from the witness. The Bertillon and Greenleaf-Smart systems of identification are concisely and intelligently described, and the advantages of each stated. An interesting and important chapter is that on "The Destruction and Attempted Destruction of the Human Body by Fire and Chemicals." A chapter not usually found in works on legal medicine is that on the medico-legal relations of the X rays. The responsibility of pharmacists in the compounding of prescriptions, in the selling of poisons, in substituting drugs other than those prescribed, etc., furnishes a chapter of the greatest interest to every one concerned with questions of medical jurisprudence. Also included in the work is the enumeration of the laws of the various States relating to the commitment and retention of the insane.

There are so many important topics fully discussed that it is difficult to tell which portion of the book is most interesting. The authors have made use of a vast amount of material, and have done their work intelligently.

To give an idea of the labor, a single example will be quoted: "The Lloyd reaction of morphin with hydrastin in the fading purple test, in his popular novel, *Stringtown on the Pike*," etc. Prof. Lloyd is quoted several times in the second volume.

The work is a valuable one, and the reviewer can recommend it to all who desire a first-class reference on legal medicine and toxicology.

K. O. F.

**THE TREATMENT OF FRACTURES:** With Notes upon a few Common Dislocations. By Charles L. Scudder, M. D. Octavo of 534 pages. Philadelphia: W. B. Saunders & Co. Buckram, \$5.00 net.

Four large editions of this work in less than four years testify to its value. The book is intended to serve as a guide to the practitioner and student in the treatment of fractures of bones. The student sees the actual conditions as they exist in fractured bones, and is encouraged to determine for himself how to meet the conditions found in each individual case. Methods of treatment are described in minute detail, and the reader is not only told, but is shown how to apply apparatus, for, as far as possible, all the details are illustrated. This elaborate and complete series of illustrations constitutes a feature of the book. There are 688 of them, all from new and original drawings and reproduced in the highest style of art. Several chapters of special importance are those on Gunshot Fractures of Bone; The Roentgen Rays and their Relation to Fractures; the Employment of Plaster of Paris, and The Ambulatory Treatment of Fractures.

While there is a number of works upon fractures, there is no other so handsomely and profusely illustrated as is this one. Sometimes two or three illustrations are made to show the application of one dressing or feature of treatment. Because of this the text is less verbose, and a practical knowledge is gained in a glance, as it were. We commend the book to students and to practitioners as well. W. E. B.

**THE PRACTICAL CARE OF THE BABY.** By T. W. Kilmer, M. D. 12 mo., 158 pp., with 68 Ill. Cloth, \$1.00. Philadelphia, F. A. Davis Co.

This little volume contains information that is of vast benefit to nurses and mothers. So many people seem to think that to have the baby is all there is to it and from thenceforth just let them "grow." If mothers—and they are the real nurses, or ought to be—would study some such work as this, the baby no doubt would be better taken care of. The author says: "If the baby is suddenly taken with a diarrhoea stop *all* food." If the book had no other sentence in it but this one, it would be worth the price of a dollar.

A. F. S.

The Complete Novel in the February LIPPINCOTT is "My Cousin Patricia," by Alma Martin Estabrook, a new novelist who ought long ago to have been known. Her tale is a mature and delightful one about two engagements of the same heroine. One was thwarted because *his* sister congratulated *her* a few hours too soon; the other was only an implied betrothal, but it was sacred to Patricia, and through her sense of duty she finally got the man she ought to have had.

The letters from Italy of Maud Howe Elliott, daughter of Mrs. Julia Ward Howe, which constitute the paper called "From Italy to Pittsburg" in the February Lippincott's Magazine, are full of picturesque facts whose edges have been taken off by charm of style and a sense of humor. Mrs. Elliott discovered the source of the tough little Pittsburg Dago who is helping to do the world's hard work.

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### COLLEGE AND SOCIETY NOTICES.

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The next quarterly meeting of the Northeastern Ohio Eclectic Medical Society will be held on Thursday, March 10, 1904, at the Forest City House, Cleveland. It is to be hoped that every Eclectic in the state who can, and especially every Eclectic in the northeastern part of the state, will avail himself of the opportunity to attend.

The facilities for getting to Cleveland are good, trains and suburban cars arriving every hour and half hour. Judging from the great interest manifested at the last meeting, and the splendid program arranged for the coming one, those who attend will be amply repaid for their efforts. The only trouble is the lack of sufficient time in one day's session to thoroughly discuss the papers. It is to be hoped every one will study well the subjects that they may be quickly discussed.

Dr. S. Schiller, of Youngstown, will be chief clinician and any one having a clinic will please notify him, previous to the meeting, giving him a history of the case. Members are requested to bring clinics.

Members and guests are also requested to register upon arriving and procure tickets for dinner. Dinner will be served in private dining room.

Following is the program: Electricity, Dr. O. A. Palmer, Cleveland; Measles and its complications, Dr. A. L. Schwartzwelder, Cleveland; The Puerperium, Dr. H. B. Kirtland, Berea; Treatment of Hemorrhoids and Rectal Fissure, Dr. J. H. McElhinney, New London; Diphtheria, Dr. H. D. Tod, Akron.

R. R. BARRETT, Secretary.

W. K. MOCK, president.

Dr. E. B. Packer, of Osage City, Kansas, has sent us the proceedings and papers of the thirty-third annual session of the Kansas Eclectic Medical Association which was held at Topeka, May 6 and 7, 1903. This Society has published transactions for several years and hold



often twisted root stem, and spring the coarse twigs. This root is tough, hard, the central part (about one-third) being brown, the remainder yellow. The main root stalk averages an inch or more in diameter, from which project tough side roots the size of a lead pencil, gray externally, but yellow within. From extreme to extreme a Damiana plant may average two to four feet, root measurement, but is less in depth. The tough stems make a scraggy bush, two to three feet high. In the dry season, which includes most of the year, the tough, brittle root seems to be nearly devoid of moisture. It may even be seemingly as dry as the dust about it, as is true of the specimens now before me, but I am told that this sapless specimen of vegetation, gray and forlorn as is the hot dry sand and soil about it, on the first touch of rain, will put forth a mass of foliage, and with wonderful activity will become a living bush, which, when the few days of rain are over, dries again in the sand, and slumbers through the long season of heat and dust. Cattle and other animals are fond of Damiana, and it is asserted that a peculiar sweet flavor is imparted to the flesh of such creatures during the Damiana season.

Damiana, I am told, is practically confined to the lower part of the peninsula of Lower California, from which, mainly from the port of La Paz, it is exported, the larger amount now going to the United States. Its habitat, even here, is in the foot hills inland, the main supply coming from forty miles west of La Paz, thence being abundant towards the town of Todos Santos, on the Pacific shore. It grows in patches or clumps, with spaces, sometimes of considerable size, between the bunches. It is gathered by the country people, and for exportation is packed in bales of convenient size, coarse coffee sacks being usually employed. I find in local use small square bales in calico casing, each holding two litres, but it is generally retailed loose by grocers, as tea is sold in America.

The difference in the quality of Damiana is very great, owing both to care in curing and to its condition when gathered, as well as to its age, for by age it loses much of its aroma and fragrance. The Mexican is particular concerning this latter point, and highly values a freshness in quality. It should be nearly devoid of stems, of a lively, olive-green color, a grateful, delightful fragrance, and should impart an aromatic, slightly astringent taste when chewed. As found in commerce the small leaf is much broken. When gathered in the flowering season it is in the best condition, and is most highly valued by Mexicans when the flowers are present. They prize the flavor of this mixture of leaf and blossom.

*Sophisticants.*—*Ash Damiana.*—The only plant that is here confused with Damiana is a related shrub of similar appearance and growth. Its leaf resembles Damiana in contour, and is possessed of a similar odor and taste. It differs in general in that it has a more grayish (ash) color, due to a coat of silky down, and a more woolly touch and appearance, lacking the lively, olive green color of the

true, crisp leaf. This plant is not only downy to the touch, but the leaf, leaf stem and buds are also pubescent, the leaf being thick and leathery, as contrasted with the brittle, thin leaf of true Damiana. This species is found abundantly within twenty miles of La Paz, while the true species is not abundant east of the foot hills that center the peninsula. This ash species is not used by the Mexicans, and yet by one inexperienced it might readily be taken for Damiana. I have discovered that the leaf of this plant has been largely sent to the United States—the gentleman giving me this information calling it “bastard Damiana.” Although it should be considered a sophisticant, its sensible properties so nearly resemble Damiana as to indicate that pharmaceutical preparations can not be readily differentiated.\*

*Damiana Root and Shrub.*—I am reliably informed that an attempt is being made to put the root and shrub on the market as a drug substitute for the leaf. Owing to its weight, it will be a cheap sophisticant, and may serve the purpose of a cheap substitute. But I can not discover any of the qualities of Damiana in either the root or shrub. The final result of such procedure, owing to the restricted locality in which Damiana grows, will be to exterminate the plant, and increase the price of Damiana. The Mexican Government should at once take steps to prohibit the exportation of Damiana root, and thus preserve the industry and protect this important Mexican tea.

*Mexican Uses of Damiana.*—Damiana is the native Mexican tea, and is used exactly as tea is employed in the United States. Although its use is now largely confined to the poorer classes, it is a favorite beverage throughout the peninsula, and also, I am reliably informed, elsewhere throughout Mexico, although this latter statement I have not personally verified. It may be likened in this respect to our domestic Sassafras, which is yet used as a beverage, in a limited way, in rural districts in many sections of the United States. Damiana is consumed in Mexico as a stimulating beverage, and is not used as a drug, although its qualities are both soothing and stimulating. That it may have occasionally an aphrodisiac property in Mexican view, is evident from the fact that in one case a Mexican who met Americans often ascribed to it that character; but I find, after patient and particular investigation in the Mexican home of Damiana, that it is universally served as tea to men, women and children alike. I am therefore inclined to believe that a Mexican statement concerning its aphrodisiac qualities is a reflex touch from American advertisements or American statements. Its repute here is that of a pleasant, gentle stimulant, and it is also employed as a hot drink when the menses are suppressed. It is also used in colic, the statement being that a strong, hot tea of Damiana will bring quick relief. This statement I have also verified from a heavy native exporter of the drug. The fact that

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\* I have taken steps to obtain the different species of shrub, and when their botanical names are determined will supply this deficiency. A dealer in Damiana assures me that another “bastard” species exists, intermediate between those I have described.

Damiana tea is used so extensively demonstrates that it is harmless, while its employment for persons of both sexes and of all ages indicates that it is not considered a drug exclusively for purposes such as are asserted to be its reputed qualities in American medicine. I am therefore inclined to accept without reserve that the reputed qualities of this drug, as accepted in America, are not based on its Mexican use or reputation.

Damiana is a fragrant, slightly astringent gentle stimulant or tonic, which in its habitat serves a useful purpose. Its long continued use is not followed by nervousness, as is the case with tea and coffee drinking. I made careful and exhaustive inquiries to ascertain if any ill effect followed its habitual use, and found none whatever. On asking for a cup of Damiana tea at the hotel where this article is written, it was served me without comment, the proprietor stating that he kept the leaf constantly on hand, and considered it a harmless beverage, adding that some people drink it exclusively. I found it not unpleasant to the palate.

And now the question may be asked, is it possible that so many American physicians who have prescribed Damiana have erred in their opinion of the drug? In reply it may be stated that it is not unlikely that in some instances a gentle aromatic stimulant like Damiana may accomplish aphrodisiac effects. In my opinion, however, the shot-gun method of prescribing Damiana has maintained for this innocent drug its chief reputation in a field where error originally placed it. As a rule, Damiana is associated in prescriptions with Phosphorus, Nux Vomica, Strychnine, Iron compounds, and such powerful agents as these, where its gentle companionship is dominated by its powerful associates. Or, the name "Damiana" is used as a trade-mark term for proprietary preparations in which the other ingredients are concealed. Few physicians employ it alone, and such therapeutical authorities as I know to have investigated it in a pure condition assert its inefficiency as an aphrodisiac. Like the harmless Spreading Viper, to which a general public has erroneously ascribed most virulent attributes, but which is almost helpless and is perfectly innocuous, so Damiana has been broadly heralded as a remedy in a field where its innocent qualities forbid it a conspicuous place.

*Resume.*—Damiana is a Mexican shrub, its habitat being on the peninsula of Lower California, inland from La Paz. It was introduced to American medicine under a misunderstanding of its nature. It is not a Mexican *drug*, but a general beverage. Its qualities reside in a fragrant leaf, yielding to hot water a pleasant, harmless, tea-like beverage which, so far as history determines, has been consumed from all time by the Mexicans, and is still so employed by all classes, men, women and children alike.\* It is a gentle stimulant or tonic,

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\*I have met the very best in society who drink Damiana tea through choice. The poorer classes use it almost exclusively.

kindly in action, pleasant to the taste, and acceptable to the stomach. Its medicinal qualities are mainly restricted, in Mexico, to cases in which a gentle stimulant may be effectual, as in suppressed menses, in which it is desirable to administer a hot drink in connection with a grateful aromatic that will not disturb the stomach. In other words, Damiana is a homely domestic remedy, innocent of the attributes under which, in American medicine, it has for a quarter of a century been forced to masquerade. Its American field is now restricted, but in its true position Damiana may, perhaps, become of not a little importance; its field may also be broadened.

A freshly made tea of prime, recent Damiana herb, when it can be procured, is perhaps the most desirable form of administration, or a concentrated cordial representative of the drug, palatable as possible, made to carry the full qualities of Damiana, of exceptional freshness and of prime quality.

La Paz, Mexico, Feb. 10, 1904.

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#### DRUG NIHILISM.

By J. H. Tilden, M. D., Denver, Colorado.

DR. SCUDDER, the editor of this JOURNAL, kindly extended me an invitation to contribute an occasional article, and as he is quite familiar with the trend of my writings I take it for granted that he expects me to write in the line of my work, which is a non-drugging practice of medicine, if I may be permitted the solecism. A better name would be *Food Therapeutics*, and I hope eventually to crystallize facts or systematize my present chaotic knowledge of food sufficient to warrant so pretentious a title.

Before exposing my hand, as a knight of the green cloth would say, I think this article should be somewhat preliminary—on the order of an introduction to the thousands of readers of this old established JOURNAL, the great majority of whom know nothing about me and my heresies.

Heretics and infidels are not such bad people when understood; and if they are not understood they are not likely to get the attention of those who differ from them, or think they do.

How I evolved out of faith in drugs after having inherited and acquired confidence in them appears to be an explanation due the JOURNAL readers before I contribute an article with a specific bearing on what I believe and how I now practice.

I graduated from the E. M. I. in 1872 along with Prof. L. E. Russell and several others who stand high as medical men. I was brought up under the old school regime and until 18 years of age believed that every one not bearing the insigna "regular" was a quack. By accident I became acquainted with an eclectic physician. I found him socially congenial and made up of the same mortal material as other men. I was surprised that an "irregular" physician could be

a gentleman and possess the attributes of honest men. When I had satisfied myself on this score I became curious to examine into the books that made him distinctive from first-class physicians. He kindly loaned me Jones and Sherwood's *Practice of Medicine*, King's *Obstetrics* and several copies of the *ECLECTIC MEDICAL JOURNAL*. I read them eagerly, for I was sure that I should find the reason for the common and wide-spread prejudice which I had absorbed against "irregular" medicine. I felt quite competent to judge for I had read Wood and Watson, the two brightest luminaries in the allopathic firmament.

I began my reading as a skeptic and in six months evolved into a heretic from a "regular" point of view. The more I read the more I was convinced that I had been victimized by popular error—that if there was any difference in the schools it was in favor of the struggling so-called "irregulars." In one year I made up my mind to finish my medical education in the old E. M. I.

When I got into college the personnel of the faculty finished the work of conversion. Why not? Such men as Scudder, Howe, King, Locke, and Freeman were not made of common dust. They were made of the best 19th century material—workers and thinkers. It requires unique material to make pioneers—innovators. All these men could have reaped greater pecuniary reward from the same effort directed in the line of least resistance.

After graduating I left college and started practice in an Illinois town. I succeeded at once in getting business, but Oh! what a struggle. It was then I discovered my mistake. I found that I had selected the roughest, craggiest, and steepest road up the professional hill. It was true I had a good business, but a young man not only wants to feel that he has as good a business as any of his competitors but that his position in the estimation of men is equal to, if not better, than any other—that there is not a blotch upon his escutcheon. This I could not feel for I was daily reminded that professionally I was off color. Any "regular" popinjay could snub me. I will say, however, that I do not remember in all my thirty-two years of practice ever being refused consultation by a gentleman in the regular profession. The best regular physicians wherever I have lived, with but few exceptions, have been my friends.

To get rid of this off color annoyance, in 1874 I corresponded with the secretary of Bellevue college, with a view of attending lectures and graduating from that institution. My sole object was to clear myself of the opprobrium of being an "irregular." The result of this correspondence was that I was flatly refused graduation. I was a boy then and it made me very sore; from that day to this I never missed an opportunity to "snow under" any graduate of that college, and I have had the pleasure of banking it up pretty deep on some of them; not in a dishonorable way, however; always square on the golden rule.

For years after, I clung to the skirts of John M. Scudder and specific medication, and to-day, although I have outgrown drugs, I never miss an opportunity to say that Specific Medication is as far ahead of every other medication as American civilization is ahead of the Mongolian.

I gave much attention in the first eight years of my practice to the study of homeopathy and had as a daily professional companion and friend, a Doctor Taylor, a man who had practiced regular medicine for sixteen years before taking up homeopathy. He was a first-class physician, and what is more he was a cultured gentleman; a more thorough it has not been my pleasure to meet. When we parted for the last time he acknowledged that he had contracted more eclecticism from me than I had absorbed homeopathy from him. I have always been a friend to the "little pill" profession, for in drug practice it stands second best.

I had my season and experience with the Schussler system and I owe it much for helping me out of the drug delusion. After experiencing the remarkable cures that come to all who use the tissue remedies, I dropped them and found I had as great success with sugar of milk.

I am thankful to eclectic medicine for saving me from becoming engulfed in that fathomless pit of medical bigotry known as "regular" medicine. The protection that school offers to its members is paralyzing to individual effort. It throws about the young graduate such a protection that it enervates by implanting in the inexperienced mind the idea that that school embodies everything of importance—that all the balance of the world has been weighed and found wanting—that there are no more worlds to conquer. This is dangerous to young men, for the mental hood-wink of inexperience becomes reinforced by the goggles of bigotry so that progress is forced in the straight and narrow path of limitation.

This is one of the curses that appears to be a natural outgrowth of sect and school. All schools suffer more or less from this fatal tendency to crystallize around a focal point, and the most dominant school suffers most.

After acknowledging my obligations to eclecticism for breaking my tendency to crystallize into a bigot, I have next to thank Austin Flint, Jr., for his de-crystallizing influence in heading me off when I made my last effort to remove the agitating influence of criticism, for then I set to work in good earnest to get information anywhere.

From the birth of manhood I have been my own worst critic, and often when receiving popular applause I have been in the greatest throes of self-criticism.

I never was quite satisfied with drugs, for I would have great success in one case and then the drug would throw me down. While I was young and inexperienced and lacked the power to discriminate between a grave attack of illness and one that would prove evanescent, I became convinced that the lighter forms of disease were thrown off

by nature, and any drug, conjury or faith would be followed by about the same results. I found that if the medication was not overwhelmingly in opposition to nature recovery would follow. I found many times that with no drugs at all some cases would be followed by as sublime a cure as I had been ascribing to my medication. And so experience traveled. Severe cases would force me from one expediency to another, one drug to another; phases of disease would change every few hours, compelling me to swap one specific remedy for another. Sometimes I would feel that I was master of disease and then again I would be thrown into a slough of despond by absolute failures. These failures forced me to think. Thanks to the regular order of nature, it will not vary a hair's breadth for all the conceit in the human mind. and when we arrive at full faith in *this one fact* we are prepared to adjust ourselves to necessity.

I started in practice with more belief than is common to the average medical man in the idea that food is largely responsible for disease, and that after it is established food is capable of perpetuating its life indefinitely. I went through the pepsin and lactopeptin fad and gained the usual relief that is commonly called cure. But what has become of all those confiding farmers of twenty and thirty years ago? Dead, every one of them; poor, confiding souls. I relieved them, but never taught them how to avoid the penalty of their suicidal eating. I looked upon disease as an entity. When the stomach gave out and the whole system rebelled against their dietary habits I gave my podophyllin, nux vomica, and soda with lactopeptin, and succeeded in whipping flagging energy into an artificial life. I was back to the old battle ground two or three years ago. My victims were all gone. After I left they continued to stuff with their incompatible and badly cooked foods and had their regular quarterly and semi-annual illnesses until flagging nature could be whipped into life no longer and they went to their long rest.

Had I known enough to have taught them how to live and they had received my teaching, instead of being dead now they would be enjoying the fruits of their labors, with children and grandchildren to bless them in the evening of life.

Most farmers die in the prime of life. Why? Because they are killed by wrong food and drugs. Either the drugs kill them outright or cover and mask their true condition, permitting habits that should be corrected to slowly but surely undermine health and life.

This explanation will prepare the minds of those who read future articles to understand that I am a drug nihilist, as Dr. Cooper would dub me, not from choice but because my experience has forced me where I am. I'm not a faddist, on the contrary my corner stone is planted on the only feasible ground that will support a universally satisfactory healing system—one that removes that horrible nightmare of uncertainty and guess-work that characterizes all systems based on drug therapeutics. Do I hear some one say Specific Medi-

cation is satisfactory? I acknowledge it is the best medication. I once played on the specific notes equal to a Padarewski. But, my friend, the reason you believe it is because you can't conceive of a better. Please don't class me with faith, mind, or new thought cures, or any of the supernatural fads. I believe in disease and I believe in a cure and I believe that all diseases can be prevented; not with vaccination nor lymph nor the injection of disease, but by simply adjusting ourselves to our environments. I will add that there is no curable disease that can not be cured easier and quicker and more satisfactorily without drugs. Food can be given in kind, quantity, and amount with as pronounced effects for weal or woe in all diseases as the fancy of drug advocates can imagine that medicine can be.

The allusions to self in this article are offensively frequent, but I could not well help it and say what I wished to.

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#### FOREIGN BODIES IN THE STOMACH.

By O. A. Palmer, M. D., Cleveland, O.

**T**HAT the stomach has the ability to handle foreign bodies quite successfully there is no question. By foreign bodies I mean substances that can not be digested and remain in the condition in which they are upon entering the stomach. These substances are usually taken into the stomach by accident but now and then an individual seeking notoriety endeavors to distinguish himself by swallowing all kinds of substances. Showmen and others often swallow open knives, nails, tacks, pins and glass. Children by accident sometimes swallow needles, pins, as well as cherry stones, hickory nuts, marbles, safety pins and small pieces of copper and silver money. Forks and open pocket knives as well as quite large pieces of glass have been retained in the stomach for some time. They are usually surrounded by the mucus of the stomach, and the ability of the organ to take care of them is fully demonstrated when it has to handle this class of foreign bodies.

In one instance that has been reported a brass fork remained in the stomach for two and a half years. Open pocket knives have remained for months, pieces of glass have remained for a long time, being rolled up into masses too large to pass out of the stomach. In some instances the foreign bodies will not be tolerated by the stomach and the demand for relief is so great that if it is not immediate there is danger of laceration of the stomach, or of immediate death from obstruction. Nature's modes of relief are generally to eject by vomiting the foreign matter or pass it through the natural channel. Foreign substances may remain in the stomach for a long time and give rise to a great amount of inconvenience, and still not be the immediate cause of death; ultimately death is produced by general debility and exhaustion from indigestion or from perforation.



In my own practice I have had several uncommon experiences with foreign bodies in the digestive organs. Over twenty years ago I was hurriedly summoned by a prominent family to see a girl of about eleven years old, who, while getting ready for school, placed a shawl pin about five inches long in her mouth to hold while she was putting on her shawl. By a sudden inspiration while laughing, the pin passed into the stomach, "head first" she said. She experienced some pain and uneasiness in the stomach and upper part of the abdomen for one or two days. She was given a dose of castor oil which acted within a few hours but the pin was not found. Her discharges were carefully watched for a week but still the pin was not discovered. Nearly two weeks afterwards she experienced a very unpleasant sensation in the rectum. Her mother informed me the girl was suffering with extreme pain and something must be done immediately. An examination disclosed the pin lodged point down, penetrating the side of the rectum and every effort of expulsion carried it farther into the tissues. The girl was chloroformed, and the rectum carefully dilated and with a pair of forceps, the pin was carried far enough back to disengage it from the tissues, rendering its delivery an easy matter.

Two or three years after this occurrence I was called hastily to see a child, two years old, who complained of no particular discomfort in his stomach, but a foreign mass, which seemed to be the size of a lead pencil, was felt pushing out the abdominal walls over the stomach, causing the child much distress of mind and worry. After a careful examination I informed the mother there was no doubt that the child had swallowed some foreign substance, and advised an operation as the only means of immediate relief. The entire family were very much alarmed, thinking that a surgical operation was certain death to the child. Other physicians were called. After examining the child carefully they determined that only two methods could be used. These were either to wait for nature's own relief, or to perform gastrotomy and remove whatever was making the trouble. The next day I was notified to appear at once and operate upon the child. The abdomen was opened, the stomach raised up, when I felt a hard substance, much smaller than it had appeared on the previous day. I soon discovered that it was a needle that had started head first with thread in the eye to pass through the walls of the stomach. The stomach was opened sufficiently to extract the needle and closed with Lambert sutures. The external wounds were closed and dressed in the ordinary way.

The following case illustrates how the stomach may handle needles. A colored gentleman having decided that work was too much for him, concluded to make his living by stealing. He broke into a jewelry store and took several papers of needles, rings, and small jewelry of all descriptions. Just as he was about to be captured by the marshal he swallowed half a dozen papers of needles with two or three diamond rings, unobserved by the marshal or the officers who had

him in charge. He experienced no inconvenience in the stomach except some uneasiness and a partial loss of appetite, but these conditions did not last over three or four weeks when he seemed to recover his full capacity for handling food. About three months from the time he swallowed these articles he began to notice some uneasiness under the skin in various parts of his body. Some inflammation set in and in a few instances suppuration, which ended when one or more of the needles came out. How many of the needles were passed by the bowels there were no means of knowing, but so far as could be ascertained over two dozen of them passed out through the skin, having traversed the tissues between the stomach and the point of exit.

About eighteen years ago I was called to see a case with the following history. About five years before I saw her she had swallowed several pins by accident, from which no particular inconvenience resulted at the time, and she had entirely forgotten the circumstances. About two years after swallowing these pins she commenced to have pain in the stomach. She was a young, healthy and vigorous girl, and every one thought it very curious that she should be so afflicted, but the pain and swelling continued until there was a hard mass, the size of an ordinary goose-egg that could be readily felt under the skin. Doctors had all determined that it was tumor of the stomach or possibly a growth in the abdominal walls. At last she was persuaded to visit a celebrated cancer doctor who told her that it was a cancer and that one of his plasters applied for two or three weeks would entirely destroy this growth. She had the plaster applied which took off all of the skin and some of the subdermal tissue. One morning when the plaster was taken off two or three pins were found on it. At once she thought of the pins she had swallowed and six or seven more were removed. The plasters were discontinued and healing applications made which effected a gradual restoration of the tissues by granulation. Near the close of the healing two or three more pins appeared which in all probability were the last of those she had swallowed as the recovery was immediate and she has never experienced any trouble since. No doubt nature forced these pins into a section of the stomach and surrounded them with mucus as well as by the mucous membrane, and they proved to be a source of irritation sufficient to cause swelling, and probably in time suppuration would have taken place. The doctor's cancer plaster no doubt was an advantage to the case, as it shortened the duration of the trouble.

Berg reports the case of a lady who was in the habit of eating or chewing hair not only during her childhood but after more mature years. The swallowing of a portion of this hair resulted in developing a gastric tumor which was opened and a hair ball extracted which had produced all of the gastric symptoms and general distress that the lady had experienced for some years.

Some years ago I performed gastrotomy to determine the cause of an enlargement the size of an ordinary man's fist that seemed to be

in the stomach. The patient was very fond of oysters, taking them raw as well as cooked, and the mass proved to be composed of oyster shells, hardened and undigested materials of different kinds, the removal of which afforded immediate relief. His recovery was complete, and the information he gained in regard to eating has been of value to him ever since.

Dr. LeDentu, of Paris, reports the case of a man who had swallowed a wooden spoon. Eight hours afterwards he complained of severe pain in the abdomen and the sense of tearing in the region of the stomach. Twelve hours after the accident the abdomen was opened and it was found that the spoon had passed through the walls of the stomach and was in the abdominal cavity. The stomach was carefully examined but the perforation could not be discovered and no trouble ever came from it. In the examination of these cases the X ray will materially aid us in discovering and locating the foreign body.

Dr. Monod reports a case of gastrotomy for twenty-five foreign bodies in the stomach. Eight teaspoons were included among the foreign bodies taken from the stomach of a would-be suicide. He states that he had a record of seventy-eight cases of gastrotomy for the removal of foreign bodies from the stomach; in seventeen there was more than one body, in two cases the foreign bodies had perforated into the peritoneal cavity without any inflammation, hair balls were found in nine cases. He also reports a number of cases in which the foreign bodies produced no gastric symptoms. In all cases where intestinal symptoms were noticed he assumed that the foreign body had passed into the intestines, and the operation commenced at that point.

The complications that may arise in these cases are hemorrhage, local or general peritonitis with adhesions, abscesses and perforation. If the foreign body should pass through the pylorus there is no certainty that it will pass through the entire digestive canal, as it may not pass the ileocecal valve. At this point it may perforate the intestinal walls and set up peritonitis. In all cases where the foreign body is likely to cause any immediate danger gastrotomy should be at once resorted to, as this is a simple and safe operation. The record of these cases shows that not three per cent. of them have any trouble when the surgical work is done as it should be.

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#### TYPHOID FEVER.\*

By Jerome D. Dodge, M. D., Collinwood, O.

**W**HEN the food, drink, and air are pure, typhoid fever cannot exist. Cities which drain their sewage into their water supply, dump their night-soil into the same receptacle, and are careless about the cleanliness of their streets, will always be affected with

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\* Read before the North-Eastern Ohio Eclectic Medical Association.

it more or less. The same danger threatens the private householder who maintains a water closet with leaky vault near his well, or empties the contents thereof into the garden in close proximity to his water supply.

The earth is a capital culture medium for bacilli, and sooner or later they filter to the clean depths of sparkling water, and in due time are served up to those who have placed them under cultivation. Artificial filtration of the water supply, or boiling, is essential where such dangerous conditions prevail.

On first thought it appears to make very little difference whether typhoid fever is caused by the typhoid bacillus, or by animal matter in a state of decomposition, since the two are always closely associated. But on further consideration we see that it does make a great deal of difference, for if the disease is caused or even aggravated by the bacillus typhosus and its toxins, these bacillicides and antitoxins may and probably will prove curative. It is my personal belief that the germ theory of disease is a finer differentiation of the truth than was apparent to Liebig when he formulated his proposition that "An animal substance in the act of decomposition or a substance generated from the component parts of a living body by disease, communicates its own condition to all parts of the system capable of entering into the same state, if no cause exist in these parts by which the change is counteracted or destroyed. In typhoid fever there is a catarrhal inflammation of the digestive, absorbent, and nutritive organs. Digestion, in consequence, being almost entirely suspended, fermentation takes place, together with the formation of typho-toxins which poison the patient. Bloodmaking being greatly impaired, and the elimination of the products of retrograde metamorphosis retarded, the emunctories become surcharged with effete matter. The tongue takes on a varied coating. The temperature rises to 102-3 or 4 degrees, with corresponding pulse; violent headache is often present; epistaxis is common. The prodromal stage may have been lengthy, but now the patient becomes rapidly prostrated and keeps his bed without urging. Rose spots appear on the abdomen and chest in a week or ten days. Tenderness on pressure about the umbilicus and right inguinal region is an early symptom. Diarrhea may or may not occur, but usually appears in the course of the disease. Tympanitis is common, though often absent. Ulceration of Peyer's glands is the specific lesion, and the denudation of their surfaces is the cause of the hemorrhages which so often prove fatal, or the intestinal perforations which are followed by peritonitis and death. Four groups of typhoid have been recognized:—

1. Ordinary typhoid fever with marked enteric lesions, which constitute a majority of all the cases.
2. Typhoid septicæmia, a general infection without special local manifestations.

3. Typhoid fever with localizations other than enteric, in which the lungs, the spleen, the kidneys, or the cerebro-spinal meninges are attacked, constituting pneumo-typhoid, nephro typhoid, cerebro-spinal typhoid, and spleno-typhoid.

4. Mixed infections.

In bad cases the blood rapidly deteriorates, sordes appear upon the lips and teeth, and stupor with delirium supervene, together with subsultus tendinum, parphology, and jactitation. Not every case of typhoid fever, however, runs the entire gamut of morbid symptoms. Typhoid without any fever at all has been reported. It may be so mild as to practically end in a week or two with recovery. Even when of the normal duration of three weeks, the symptoms may be so moderate as to cause the unwary to make a false diagnosis, or the ignorant to doubt its true nature. Rose spots may not appear, or may escape observation.

It is highly important that we recognize both mild and severe cases, and treat them for exactly what they are. To simply treat the symptoms without reference to the underlying causes will not do. Let both diagnosis and treatment be as nearly as possible specific. Let nothing be done for which an intelligent reason cannot be given. Good care and proper diet are of more vital importance than in many other diseases, because the principal lesions are in the digestive organs where blood-making and nutrition have their origin. Because of these conditions a liquid diet is safest, and no carelessness is admissible in its preparation and administration. Get the nutriment into liquid form; vary it to suit the taste of the patient as far as possible. For the first four or five days it is usually just as well or better if no food at all is taken. Milk is the best food for those who can take and digest it. If moderately diluted it will digest better, and if agreeable to the patient it may be peptonized. The juice of ripe or canned fruits, such as grapes, blackberries, raspberries, lemons, oranges, apples, stewed dried peaches and apricots, is usually very valuable. I allow my patients to have all the lemon and orange juice they wish, even though the stomach and blood are already in an unduly acid state, believing that the benefit derived is greater than any disadvantage from adding acids when alkalines are indicated. The alkalines can be given just the same if needed. When the conditions present call for acids these juices become our best medicines as well as food. Porridge or gruel well cooked, devoid of coarse particles, made from cereals, not forgetting to add salt in its preparation, is among our best resources. It should be served with milk when agreeable to the patient, and may be sweetened and flavored if so desired. Tea, coffee, and cocoa with milk are usually permissible and beneficial as a change. The new cereal drinks, grano and postum, not forgetting crust-coffee, are also excellent, and make good menstrua for milk.

When the muscular power of the heart and respiration is impaired, animal broths and extracts from mutton, beef, game or chicken, so

prepared as to contain the strength of the meat, are very beneficial if they are well borne and do not aggravate the diarrhea. Thin barley and rice gruel, strained, salted and flavored, are excellent. Eggs beaten up with milk or water, sweetened and flavored with lemon, or the white of egg strained through cloth and mixed with an equal quantity of water and flavored, will do nicely for some patients. Egg-nogg made with a little port wine, will be useful in some cases where conditions are right. Plain water at a temperature to suit the patient should be freely allowed. In some cases the nutriment should be given at frequent stated intervals, but usually it may be limited to the regular meal hours of the day.

If stupor is present the patient may be roused for food and medicine, but otherwise sleep should take precedence over both. If great weakness supervenes, as indicated by tremulous muscles and weak, irregular heart action, alcohol in some form may be indicated. Port wine is a good form in which to administer it, though whisky is more often used in one half ounce doses for an adult, to the extent of eight to twelve ounces in twenty-four hours. Feeble heart, muttering delirium, subsultus tendinum, a dry tongue, and inability to take and appropriate food, are indications for brandy or whisky. Prof. Scudder states that alcoholic stimulants are employed in typhoid fever as a food. "When the stomach is not able to receive or digest food, and until able to do so to the extent necessary to support life," he says, "we employ them to advantage. They must be carefully used, however, given in small quantity and frequently repeated." I have made very little use of alcohol in this or any other disease, but I believe that there are cases which will do best with it.

Sponging with water either tepid or at a temperature to suit the patient, when the fever is high, allowing the surface to dry by evaporation, is one of our most valuable expedients. Ice packs and ice water baths of the whole body in typhoid fever constitute a barbarity and rank malpractice in my estimation.

Under a proper regulation of the diet and medication, the worst symptoms of this disease do not usually appear, so that the friends sometimes wonder if it can really be a case of typhoid fever.

As already intimated in this paper, medicines must be administered with great discretion, and only when plainly indicated by the symptoms. The broad pallid tongue, with dirty or pasty white coating, often appears, and then the sulphite of soda will act as an efficient antacid, antiseptic and blood purifier. It sometimes displays a laxative action which must be carefully watched. Ten to fifteen grains, either in powder, solution or capsules, three or four times a day, is my method of using it. I have never employed a more efficient medicine. If the fever is high and the tongue white, with possibly a headache, bromide of potassium will act satisfactorily as an antacid, antipyretic and soporific. Add a teaspoonful or two to one-half glass of water, and give a teaspoonful every one, two, or three hours. If

the mouth tastes badly and the breath is offensive, use a solution of chlorate of potash to wash out the mouth occasionally. It will sweeten the breath, please the patient, and help in the cure. If the stools are very offensive, add a few grains of chlorate of potash (say ten or fifteen) to a half glass of water, and give a teaspoonful every three or four hours. It will correct the fetor and start the patient toward health. If the dark, dry, brown, or glazed red tongue appears, acids will be relished by the patient, and will prove rapidly curative. We usually add fifteen or twenty drops of muriatic acid to simple syrup, or a sufficient quantity to make a pleasant tart, and give a teaspoonful of the dilution ad libitum.

In the early stage, if the fever rises to 100-1-2 3 or 4 degrees, with corresponding pulse, antipyretics may be administered. If the pulse is small and frequent, add three to ten drops of Lloyd's aconite to one-half glass of water, and give a teaspoonful of the dilution every one, two, or three hours. If it is a full and bounding pulse, add five to ten drops of veratrum to one-half glass of water, and give in the same manner. If there is undue determination of blood to the brain, as shown by flushed face, bright eyes, contracted pupile, increased heat of the scalp and general headache, gelsemium, ten to twenty drops in a half glass of water, a teaspoonful every one, two, or three hours.

Dullness, hebetude, coma, dilated pupils, dusky redness of the skin from capillary congestion, eyes partly closed while sleeping, congestion of the brain, spinal cord or other parts, are indications for belladonna. Should there be a headache in the early part of the sickness, acetanilid in one half to three grain doses may be given as needed to the extent of three or four doses a day for a very few days. It may be given in conjunction with the other sedatives. I nearly always use it.

After a week or ten days, if not sooner, from the onset of the fever, all sedatives of this nature should generally be discontinued, for we must conserve the vital powers and not depress them unduly. If the fever is not now broken it will run its course in spite of sedatives. If cough is present we may use Lloyd's Bryonia with Ipecac unless the latter relaxes the bowels too much.

If constipation is present at the outset of the disease, the bowels may for the first time be evacuated with a mild laxative, such as aromatic cascara sagrada in water. After that, injections had better be used for that purpose, as a rule. In case of diarrhoea, if the bowels do not move more than three times a day, I do nothing to check them, for these waste products must be eliminated promptly. If they move four or more times in 24 hours, deodorized tincture of opium in water, 8 to 15 or 20 drops once in twenty-four hours while needed, is the surest and best remedy which I have used. The stools and chamber utensils should be regularly disinfected. Abdominal pain and tympanites have not often complicated my cases, but if present, hot fomen-

tations, turpentine stupes, libradol or antiphlogistine may give relief. For hemorrhage of the bowels, acetate of lead and opium, morphine, ergot, oil of turpentine or adrenalin may be used. If relief from sleeplessness is demanded, we may use tincture of opium, Dover's powder, bromide of potassium or equal parts of chlorodyne and hyoscyamus.

As a blood corrector, Lloyd's Echafolta acts beneficially on both mind and body. I use it however in small doses; ten to thirty drops, rarely a drachm or two in one half glass of water, a teaspoonful every three hours. Chloride of sodium may likewise be highly commended. It supplies a vital need and is generally given in too sparing quantities to the sick. The prescription may be twenty grains to one half glass of water, a teaspoonful every three hours.

Not till a week or ten days after the temperature has reached normal should solid food be given, though I do not consider a mild elevation of temperature after that event to be a contra-indication to their use. There is often a mild recrudescence of fever during the convalescent stage which requires no treatment further than care in the diet and general hygiene. The first articles of solid food to be allowed may be moist toast from light, well seasoned wheat bread with good butter, or honey, soft poached egg, fresh fish, baked potato, cream of wheat, etc. I prefer to allow only one new kind of solid food each day, so that if anything disagrees it will be easy to know what it is. If medicine is wanted during convalescence to increase innervation, it may be quinine in one to three grain doses, nux, strychnine or hydrastis. The rule for these stimulants is a soft pulse, moist skin and moist tongue. But with sharp, hard pulse, dry skin, parched tongue and excitation of the nervous system, they had better be dispensed with.

After a week of convalescence has passed the patient may begin sitting up in bed and in a few days thereafter, outside of the bed. The tender state of the bowels and the danger of late perforation must always be borne in mind and the patient duly warned to make haste slowly. The need of good ventilation from first to last is so well understood by intelligent people, that we hesitate to mention it until we get a case in a family where its value is unknown. Pure air, night and day, being essential to health, in health, must not be denied to the sick.

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#### PLAGUE.

By C. C. Drummond, M. D., Harda, C. P., India.

HAVING had some experience with plague during the past few months, it seemed to me that perhaps something concerning the disease might be of interest to the readers of the JOURNAL: As far as I know I am the only eclectic physician in India. If there are others here I would be glad to know of them. Having used specific



medication successfully in other diseases common to the tropics I saw no reason why it would not apply equally as well to plague. In August last (1903), plague broke out in Harda, Central Provinces, India—a town of 16,000 inhabitants. As soon as the disease became firmly established the people through fright began to leave town, and all but about 3,000 went away. But even with this small number the death rate from plague ran up as high as 44 a day. I happened to be away when the disease first made its appearance, but returned August 29th. During September we treated 152 cases of plague at the Mission dispensary, with the following results, viz: 74 cured; 46 died and 32 unknown. In October we treated but 71 cases as the epidemic was much less then. The results were about the same as in September. The unknown cases represent those we lost trace of. Some as soon as they recovered sufficiently went to other places, and others stopped treatment as soon as the worst symptoms were over. However, I suppose most of those classed as unknown died. I think I can safely say that at least 50 per cent. of those treated recovered.

This is not a brilliant record, but considering the fact that the usual death rate is from 60 per cent. to 90 per cent., it is not as bad as it might be. Many cases were treated under circumstances most unfavorable for recovery. A boy about twelve years of age I was treating ran away one night, being delirious, and was gone for three days. I never found out where he was during that time. His mother said he had an evil spirit and she did not care to have anything to do with him. However, he returned after three days, and strange to say, he recovered.

Manson in his book on tropical diseases says, "Plague is a specific inoculable and otherwise communicable epidemic disease common to man and many of the lower animals." "It is characterized by fever, adenitis, a rapid course, a very high mortality, and the presence of a specific bacterium, *bacillus pestis*, in the lymphatic glands, viscera and blood." In a large proportion of cases buboes form in the groins, armpits or neck.

There are three forms of the disease, viz: bubonic, septicæmic and pneumonic. In the two latter no buboes appear and these two forms usually run a rapid course and are the most fatal of the three forms.

The period of incubation is from a few hours to fifteen days, but the usual time is from three to five days. The rise of temperature may be preceded by a definite rigor, or it may come on suddenly without any premonitory symptoms. In some cases that we treated there were two or three days of intermittent fever before the buboes appeared. In one case, a Eurasian woman about 38 years of age, a chill came on about midnight and within an hour or two the temperature ran up to 107 degrees. However, in a few hours it came down to 104 degrees, and during the following four days it varied from 103 degrees to 105 degrees. She died on the fifth day. Usually there is severe headache, insomnia, delirium, obstinate constipation and the

tongue is coated with a dirty-white, pasty coat. In some cases there is diarrhoea and vomiting. The buboes may appear at the onset or not for four or five days after the fever begins.

In about 70 per cent of the cases the buboes appear in the groin, affecting the femoral glands. Next in frequency are the axillary glands, then the sub-maxillary, and I have seen two or three cases in which the epitrochlear elbow glands were effected. The swelling varies in size from a walnut to a goose-egg. In some cases there is scarcely any pain in the buboe, while in others the pain is very severe. Usually there is infiltration of the connective tissue surrounding the enlarged gland. In a large percent of cases the buboes, if not lanced, burst and discharge pus. Sometimes this discharge continues for weeks, but usually only a few days. In some cases the buboes end in resolution, gradually growing smaller until they finally disappear. The septicæmic form usually runs a very rapid course and is accompanied with high fever, delirium, picking at the bed clothes, stupor, and the patient is very weak; no buboes appear. As a rule, death occurs from the first to the third day.

Pneumonic plague is the most fatal and is said to be the most infectious of the three forms of the disease. The onset generally is with a rigor, severe headache, pains in the body, followed by fever and prostration. Early in the attack cough and dyspnoea appear. The breathing is hurried and there is a profuse discharge of watery sputum tinged with blood. The patient usually dies the fourth or fifth day. Convalescence is as a rule very slow, in several cases patients are weeks in getting back to health again. All sorts of remedies have been tried in plague, but as yet nothing very satisfactory has been found to combat it. Not having had any experience in treating such a disease and having no literature on the subject, it seemed to me the only proper thing to do was to use common sense and specific medication. For the fever I gave aconite or veratrum as for indications, phytolacca was used internally and externally for the buboes. In some cases where the pain was severe, I used an anodyne liniment. Where it was evident that suppuration would take place I hastened the process with poultices. The sulphite of sodium was exhibited for the broad tongue with a dirty pasty coat. In the pulmonic form I gave aconite and bryonia, and echinacea with the arterial sedatives in the septicæmic form. Podophyllin or comp. powder jalap was given for the constipation. During convalescence, digitalis, strychnin and nuxvomica were used.

#### CASES IN PRACTICE.

By C. D. R. Kirk, M.D., Shuqualak, Miss.

**I**N my last article for the JOURNAL on Pneumonia, the printer makes me say water 3 iv when it should 3 iv—quite a mistake.

A robust negro woman called for treatment and stated that she was very well except that she had failed to "come unwell" for the last

two years and that she sometimes suffered from slight nausea. The lymphatic temperament did not enter into her constitution. She was not burdened with adeps, and therefore it was not obvious to what the cause of her ailment could be attributed; however, I noticed that her tongue was full, broad and red, not the red, however, of the deep rose color of gormand, neither was it the contracted red tongue for which we usually prescribe hydrochloric acid, but the peculiar, full, red, that we find in fevers and generally associated with nausea and vomiting that are hard to combat, but which the writer has learned can be relieved with small doses of creosote. I therefore prepared:

R—Beechwood creosote gtt. xx; acetia water,  $\bar{3}$  iv. M. Sig. A teaspoonful every two or three hours while awake.

The nausea was relieved quickly and she menstruated in a week or ten days and has continued regularly since. I have treated a goodly number of cases, both chronic and acute diseases, presenting the above symptoms—full red tongue with nausea—and have in every case given speedy relief. Be sure that the creosote is genuine Beechwood, and that the above symptoms are present and relief is assured.

I was called to a case of typhoid fever to consult with the attending physician who was "very regular" (strange things will happen!) a physician whose regular prescriptions for about forty days had failed to restore the young man to health. His fever had assumed an intermittent type, but almost every day without warning the patient would have a very free perspiration that would drench his clothing, his pulse would lose strength and volume, his extremities become cold and breathing more or less labored, a slight delirium and a wild stare of the eyes, made an unenviable case to say the least. The doctor had not given much of his "antics" for a week or more which left the cause of the paroxysm somewhat obscure, and he further stated that the man was in no *particular* danger and that it was unnecessary to call the writer. I could not agree with him in this *particular* as I was very sure that there must be a change soon or we would be invited to a funeral, but added that as I was only called to tell the doctor what I thought the case needed I should do that at once, and proceeded to state that the kidneys had, in my opinion, failed to do their work, and that the skin had come to their relief, and the remedy was made plain by the full white coated tongue, and that a free exhibition of acetate of potash would put in the much needed stay of proceedings, to all of which the doctor only said: "The man had taken spirits of nitre very often." Our consultation ceased when my opinion was given; however, I was requested to take charge of the case. After a few days, as he was evidently not improving, I sent the messenger around to say to the doctor that the family desired my attention again, but the man returned to tell me that they didn't desire the doctor's services any longer; I therefore sent the acetate potash with instructions to give it until next day and then notify me if anything more was needed. It will suffice to say that the man was soon con-

valescent. There is nothing new in the case and the merest tyro of an eclectic would have known the indicated remedy, and I only state the case to show that so far as principles are concerned the "regulars" have not yet reached a change, but continue to fire on facts in medicine every time they (the facts) bob up their heads.

A pregnant lady wrote me that she could not retain her urine longer than half an hour and that there was some pain and tenderness over the lower abdomen. Her tongue was natural and her appetite had not failed. She had taken several prescriptions from the doctor, among which was syrup of pichi. She had no reason to believe that there was any accident to her uterus and its appendages. She was three or four months in pregnancy—she had cystitis. I sent her a four ounce vial of following:

R—Tinct. allium cepa, 3 ij; ess. cinnamon, 3 ss; water, q. s. ad. 3 iv. M.

Sig. A teaspoonful every hour until urine can be retained longer and with less tenesmus. Omit all stimulants and have only a weak, fluid, non-stimulating diet, and continue remedy at longer intervals. The treatment was all that could be demanded. After treating quite a number and variety of cases of cystitis both chronic and acute I do not hesitate to say that the above remedy is far superior to any known to the writer. Have your tinctures prepared by the Lloyd's and give it with above directions as to diet, etc., and you will have less trouble with old cases of cystitis than ever before. Others may make just as good medicine as the Lloyd's, but after using their make for 25 or 30 years I can recommend them as the very best—their specific medicines are jewels.

#### A FEW DOMESTIC REMEDIES.\*

By C. N. Bishoff, M. D., Euroda, Kans.

WE are making rapid progress in the arts and sciences, where every one is hustling to get to the front, with new discoveries, new remedies, and new treatment, in the healing art. And especially is this true of our synthetic productions, as well as proprietary preparations on the market.

I can call to mind a number of physicians, who had a good medical reputation, and lucrative practice, and left their old time tried remedies to wander after strange gods, only to drift into oblivion. In view of this state of affairs, would it not be wise to take a retrospective view of the situation, and to hold on to our old and tried remedies, until we find something better.

The system of Specific Medication, as evolved from the fertile brain of the immortal Scudder, stands without a peer this day, yet with all the progress that has been attained, and the good that has been accomplished in this direction, we still admire some of the good old

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\*Read before the Kansas Eclectic Medical Association, May, 1903.

remedies of the fathers that we hailed with delight before Specific Medication was known, and of our grandmothers, who saved many a doctor's bill. We will name a few that have been much in use in those days, piloting the way to Specific Medication.

An infusion of holy thistle was used for languid feeling, loss of appetite of malarial character.

Two ounces of hyssop leaves in a quart of pure rye whiskey, of our grandfathers, a tablespoonful three times a day before meals, was an admirable remedy for weak stomach and indigestion.

An infusion of elder flowers is fine for acute cold. An infusion of Thompson's Composition powder is a fine remedy for cold, cough and catarrhal affections.

An infusion of elecampane root for bronchial affections.

Comfrey root, bruised and applied locally for sprains, bruises and swellings.

Poke root, roasted in ashes and applied locally to carbuncles and abscesses.

Garden marigold, in infusion, applied locally to wounds and foul ulcers.

Ground ivy, infusion for cystitis. Sage and elder flowers in infusion for febrile conditions.

An infusion of table salt, black pepper and vinegar for diarrhoea.

An infusion of spanish pepper pods, and table salt, as a gargle for sore throat.

An infusion of scouring rush, for kidney trouble.

And thus the list might be continued at length. In order to get the full medicinal effect of the roots and herbs, they must be gathered in season from their native habitat; a number of them, such as holy thistle and indian turnip, are all wholly worthless when grown in Kansas soil and climate, hence the failure of some of these remedies giving good results. In this day and age it would not do for the doctor to be packing a lot of roots and herbs to his patients, giving directions how to prepare them; he would soon be relegated to oblivion.

While Specific medicines are acknowledged the world over to be the best plant preparations made, and answer all practical purposes, yet we find some of the old time infusions give the best results, from the fact that water is the best menstruum to extract their virtues.

The danger of the modern physician is the negligence of his therapeutics as taught in college, nor can he afford to stop there, but must be a medical student as long as he intends to practice medicine. A doctor who prescribes nostrums is always groping in the dark, and never knows what he is doing. But to be successful must be familiar with the therapeutic property of every ingredient that enters his prescription, as well as the incompatibility of drugs; and he who uses nostrums invariably advocates that there are no specifics.

## SOME RECENT EXPERIENCES.\*

By Charles A. DeWitt, M. D., Atwater, O.

WHEN Dr. Mock asked me to prepare a paper for this meeting I thought I would refuse, as I knew that others of larger experience can present more interesting papers. From the work of the past few months I have picked out a few cases as the basis of this paper.

The first case I would call your attention to was that of a man, age 44, who had complained for several days of headache, nose-bleed, indigestion, diarrhea, and feeling weak. On examination I found a temperature of  $102\frac{1}{2}^{\circ}$ , pulse, 90, some tenderness across the abdomen, slight gurgling sensation in right iliac region; he gave history of a chill that morning.

My diagnosis was typhoid fever. A few doses of castor oil cleaned out the bowels thoroughly; then put him on echinacea, two drachms to water four ounces, a teaspoonful of the solution every hour. For the fever cold sponging. Diet, principally milk with an occasional change to beef tea. The case was so far from my office I only saw it once a day, and the people were too ignorant to trust with a thermometer.

The next day I found the temperature  $101\frac{1}{2}^{\circ}$ , pulse 82, and noticed a few red spots on the chest. For the dry tongue inclined to crack, I gave a turpentine emulsion, which also relieved the tympanitic condition. At different times a little blood was noticed in the passages, but as it was not regular or severe, no medicine was given directly for that condition.

About this time, in the same neighborhood, I was called in to see another case, a man 84 years old, who presented symptoms of typhoid. It was my first and only case of typhoid in a person of that age.

In these two cases my main dependence was echinacea, and it did not fail me. for they made a fine recovery in about four to five weeks.

About three weeks later I was called to attend another case, a girl aged 15 years, who had been sick about five days, and treated by another doctor; the symptoms were of typhoid. The day I saw the case the temperature was  $102\frac{1}{2}$ , pulse 124. About this time, in reading the Chicago Medical Times, I ran across a paper from a doctor in Texas, and he claimed that rectal injections of permanganate of potassium, one grain to the quart of hot water, every six to ten hours, according to the condition, would take the terror from typhoid. As other treatments had failed to make any impression on the case, I thought I had a first-class case for trial. I also gave echinacea, as I did not feel safe without it. At 11 A. M., the first injection was given, and repeated every six hours.

I saw the case next day at noon, and the temperature was  $100\frac{1}{2}$ , pulse 104; treatment continued. Next day called at 11 A. M.; tem-

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\* Read before the North-Eastern Ohio Eclectic Medical Association.

perature 101, pulse 108, which was the highest point the temperature or pulse reached under the treatment. Each day the temperature dropped some, and in three days it was normal, pulse 82. In all I made ten calls on the case.

One more and I am through with this class of cases. A young man, bookkeeper in Pittsburg, had been sick there about a week, when he returned to his home in Atwater. When I first saw him his morning temperature was 102, pulse 118. A history of his symptoms led me to the diagnosis of typhoid. Ordered injections of the permanganate solution, and gave echinacea internally. That evening the temperature was 104½, pulse 126. For the first 24 hours did not get much results, but the next 24 hours showed a lower temperature and pulse and they continued dropping nearer normal until in four days the temperature was 98½ and pulse 80. The treatment then consisted of tonics and with careful feeding and good nursing he made a fine recovery.

While I have not given the permanganate solution an extensive trial, for typhoid has not been common with us the past season, it may prove to be a valuable remedy in this disease.

Last summer I was called to attend a young lady, age 22, who had been complaining since spring of not feeling well. The mother informed me she had broken out with a bright rash four days before, but as she had taken a cold it had gone back, and the evening before had re-appeared. Questions failed in finding out just where it appeared first. Temperature 102½, pulse 100, respiration 20, slight headache, very restless, strawberry tongue, sore throat. The eruption was in patches and slightly papular, urine scanty, bowels moving well, anemic condition of skin by pressure.

My diagnosis was scarlet fever. The only history of possible exposure was that a couple of weeks before she had attended a party at a house where the winter before they had scarlet fever.

My prescription was *sp. aconite*, *belladonna*, *aa. gtt v*, water 3 iv; a teaspoonful of the solution every hour; the skin to be sponged with warm water. I took some urine to the office for examination. Spec. gravity 1024, color dark, and albumin present.

The next day put a scarlet fever card on the house, and for a while the parents were warmer than the patient. On examination of patient found temperature 102½, pulse 100, respiration 20; bowels had moved well, but urine was less. The condition of the patient gradually grew worse, and in a little over a week she died. Consultation was held with a homeopath, and his treatment tried, but nothing helped.

Three days before she died a brother, 18 years old, began complaining—slight chill, temperature 100½, pulse 90, respiration 19, headache, eyes red. I held off about making a diagnosis until the eruption appeared, which it did the evening of the third day, and first on the face, slightly elevated. I called it measles. I will state here that we had a few cases of measles scattered through the township.

With the exception of the mother, the family claimed to have had scarlet fever and measles, a few years previously, according to their former doctor. The mother had the two diseases when she was very young. As the rash on the boy extended over the body it formed parts of circles. The eighth day from the beginning of his sickness the eruption was fading on the face.

The day after the brother was taken sick, a sister 16 years old was taken with symptoms similar to the brother, and in this case on the chest and arms a distinct scarlet rash appeared; she also had the strawberry tongue.

In a day or so the father was taken sick, age 52. On the fourth day the rash appeared on the face, somewhat elevated and gradually spread over the body. On the chest the rash looked like measles, and in places like scarlet fever. In this case I consulted with an allopath doctor of 20 years' experience. He said it was a hybrid, and that in his experience he had run across two or three such cases. I confess I did not know just what I had to contend with. My treatment was entirely symptomatic and all three recovered.

One of the many things that puzzles the young practitioner of limited means and depending on the good will of the people for work, is the subject of quarantine in some of the contagious diseases. A great many of the general public cannot be made to believe it is necessary, and with such people the doctor finds himself in a somewhat similar position as Pat who had come over to America with the expectation of finding money lying around loose, only waiting for some one to pick it up. Pat had soon become disillusionized and was always glad to get hold of odd jobs which would net him a little something to help him keep body and soul together. Finally becoming tired of the struggle, he decided to end it all, and was very industriously tying a rope around his waist when his landlord happened in on him. After watching him curiously for a few minutes he asked, "What's up, Pat? What are you trying to do?" "Tryin' to choke myself, of course," was Pat's answer. "Choke yourself! You can't do it that way; you'll have to put the rope around your neck." "Sure and I tried that way, but I couldn't breathe."

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#### EXAMINATION QUESTIONS.

Used at Ft. Worth, Texas, October 13 to 15, 1903.

##### ANATOMY.

1. Describe the upper third of the femur.
2. Describe the ankle joint, giving also the articulation of bones entering into its formation.
3. What anatomic structures would be cut in an amputation of the upper third of the leg?
4. Describe the fourth ventricle.
5. Give the origin, course and distribution of the inferior maxillary nerve.
6. What is Scarpa's triangle? Give its boundaries and relation of the vessels and nerve.



7. Give the origin, insertion, nerve supply and action of the following muscles: Pronator radii teres, biceps, and levator ani; describe each separately.
8. Give the origin, course and branches of the external carotid artery.
9. Describe the kidney, giving its relation and also the relation of the structures entering and leaving it.
10. Give a brief anatomy of the entire alimentary tract.

## PHYSIOLOGY.

1. Define blood pressure and the different agencies by which it is maintained.
2. Name the two chief divisions of the nervous system, and explain the difference in function between an afferent and an efferent nerve.
3. Explain the function of bile and the glycogenic function of the liver.
4. Explain the mechanism of respiration and the changes which take place in the blood and the air breathed during the same.
5. Name the important constituents of gastric juice and the final product of gastric digestion.
6. What route does fat take to reach the blood stream?
7. What is the ordinary temperature of the body in health, and how is it maintained?
8. Give the origin and function of the different fibers of the trifacial nerve.
9. Name the respiratory center and give the function of the tenth cranial nerve.
10. Describe the temporary and permanent teeth and the usual age for the eruption of each.

## CHEMISTRY.

1. How would you test for albumin in the urine by heat? State possible errors.
2. What is Heller's test for albumin in urine?
3. What is Trommer's test for sugar in urine, and how made?
4. Give Marsh's test for arsenic.
5. Describe an electric battery, and explain the operations of the chemicals used.
6. Give the chemistry of respiration, showing what is inhaled, what is exhaled, and how the gases enter and leave the blood.
7. How is oxygen administered to a patient in bed?
8. What are the chemical antidotes to be used in carbolic acid poisoning?
9. What chemical antidotes should be used in corrosive sublimate poisoning?
10. What chemical antidotes should be used in arsenical poisoning, and how would you prepare it?

## HISTOLOGY.

1. Name different varieties of epithelium.
2. Describe the periosteum.
3. Where is non-striped muscular tissue found?
4. Name and describe the coats of an artery.
5. Describe the wall of a capillary blood vessel.
6. Describe a lymph gland.
7. Give the structure of the pia mater of the brain.
8. Give the structure of a hepatic lobule.
9. Describe an air cell.
10. Give structure of a malpighian corpuscle.

## PATHOLOGY.

1. What diseases are attended with ulceration of the intestines?
2. What diseases are attended with cardiac hypertrophy?
3. What general pathological lesion characterizes chronic alcoholism?
4. What degenerative changes occur in the walls of an artery?
5. Give pathology of malarial cachexia.

6. Give pathology of scarlet fever.
7. What diseases are characterized by a formation of a membrane in the throat?
8. Give pathology of locomotor ataxia.
9. What changes are produced in the cerebral tissues by a thrombus?
10. Give pathology of acute pleurisy.

## MATERIA MEDICA AND THERAPEUTICS.

1. What is Fowler's solution, Donovan's solution, brown mixture, Monsell's solution?
2. Name the principal local systemic emetics, and give their doses.
3. Physiologic action and therapeutics of pilocarpin.
4. What is mentha peperita and mentha virides, with their preparations and doses?
5. What are escharotics, antipyretics, anthelmintics and emollients? Name principal drugs belonging to each group.
6. What is an alkaloid, a decoction, a tincture and a fluid extract?
7. What is the physiologic action of amyl nitrite, and for what is it used?
8. For what is arsenic used? Give symptoms and treatment of a case of arsenic poisoning?
9. Name the various groups of cathartics. Give the names of members of each group, with their different actions.
10. What is the source of digitalis? Name its preparations and their doses.

## PRACTICE OF MEDICINE.

1. Mention briefly the diagnosis and treatment of yellow fever, and the measures to prevent its spread.
2. Give the symptoms and treatment of diphtheria.
3. Give the varieties of malarial fever and their treatment.
4. Give the treatment of typhoid fever, and state briefly the measures to prevent infection.
5. Give in detail the early diagnosis of tuberculosis of the lungs, and briefly the treatment.
6. State briefly the care and treatment of scarlet fever until dismissed.
7. Give the diagnosis and treatment of lobar pneumonia.
3. Give the diagnosis and treatment of Bright's disease.
9. Give briefly the management and treatment of smallpox.
10. Give the medical treatment of appendicitis.

## OBSTETRICS.

1. Give the anatomy of the ovaries, the uterus, the vagina, and the anatomic relations of each.
2. Describe the phenomena of ovulation and menstruation.
3. Describe the development of the fetus in the different months of pregnancy.
4. Give the causes and prevention of abortion, and treatment of inevitable abortion.
5. State some of the more important physiologic changes in the genitalia during a normal pregnancy.
6. State some of the more important changes in the maternal organism during pregnancy.
7. Is the pregnant woman immune from any disease? Does pregnancy modify or increase the severity of acute infectious disease? What are the chief dangers? State in full what is the duty of the physician in regard to pregnant women during epidemics.
8. Puerperal infection: Give its etiology, pathology, diagnosis, prevention and treatment.
9. What is the difference between the insanity in the pregnant woman and the puerperal state and that at any other period of the woman's existence? What are the predisposing causes of insanity in the pregnant and puerperal state?
10. What are the symptoms of the so-called puerperal insanity. Give an outline of its treatment.

## SETON HOSPITAL REPORTS.

PROF. L. E. RUSSELL, SURGEON.

CASE 68—PERINEORRHAPHY.—This patient married when fifteen years of age, and a year later gave birth to a child weighing twelve pounds, with the result that the perineum was completely ruptured, extending in its tear well upward into the bowel. This has been three or four years ago and no attempt at repair has been made, and the conditions in those cases are generally those that would naturally follow in so severe a lesion, namely, an extensive rectocele and cystocele. There is of course but one way of dealing with these severe cases and that is surgical.

The flap operation is now considered by all operators the proper method of procedure. Some years ago we were taught to denude all the torn or cicatricial tissue, and then suture the parts with silver wire. By this older method, if we failed to get union by first intention—and failure was the rule—we had deprived ourselves of important tissue for a successful second operation. By the flap method there is no destruction of any of the tissue. An incision is made commencing at the most dependent point of the attached vaginal tissue, and carried upward on either side in the shape of a half ellipsis or horse shoe; dissecting upward the vaginal from the rectal tissue, and extending the dissection laterally in either direction, until an abundance of lateral vaginal tissue can be encompassed to make a heavy perineal body.

The silkworm gut sutures are now introduced, after placing a hæmæostat in the center of the inferior flap, while another one is placed centrally in the vaginal flap, pulling both in such a way as to make the wound appear like a complete ellipsis. Long silkworm gut is preferable in this operation to any other suture, on account of the freedom from septic material attaching to the suture, and because it is very easily sterilized. The sutures are introduced about one-half inch apart, starting in the left lateral wall, sweeping around the entire incision equidistant apart, until the whole ellipsis is encompassed.

It is at this point of the procedure that I change the method of operating from that of other operators. I change in this that I put an intradermic suture in either lateral wall, forcing a raphe centrally, and approximating the cut surfaces of the skin, so that in the tying of the interrupted sutures there is no possibility of the lateral edges turning in; in which event the skin on one side might come in contact with the free, raw surfaces on the opposite side, which would of course result in a lack of union.

CASE 69—This patient, aged 60 years, kindly referred to the clinic by Professor Bloyer, received an injury some three months ago, resulting in a dislocation of the right shoulder. The lesion was unre-

cognized by the attending physician, who happened to be of the allopathic persuasion, and the case was treated for several weeks with various kinds of liniments. The patient in the meantime suffered greatly from severe pains in the shoulder, swelling of the arm, and much loss in the use of the forearm and the hand.

He presented himself in the clinic yesterday, and to-day we had the pleasure of attempting the reduction; which, of course, is not without its dangers, on account of the age of the patient, the closing of the lacerated capsule, through which the head of the humerus has been forced, and the dangers of the attachment of important blood vessels to the head of the humerus; in which event, in attempted replacement of the bone, there might be injuries of the blood vessels to such an extent as to demand the immediate amputation of the arm. It was, however, our duty to make the attempted restoration of the dislocated limb to its normal position. This must be done with moderate care, breaking up the adhesions gradually, until we secure a pretty fair freedom of movement in the semi-immobilized arm.

It has been my experience in these cases of long-standing dislocations that manipulative attempts at reduction, without much force, will result in failure. I have always advised that the patient be placed profoundly under the impress of an anesthetic; and that the right foot of the operator, having the shoe removed, be placed in the axilla for the right side to act as a counter extension, and at the same time as a fulcrum; and that the left foot be used for the left side. This gives the operator a chance to turn his body over on to the patient, and give extension and counter extension in a diagonal direction. I find after submitting the patient to this extreme procedure, while profoundly under the anesthetic, that we rupture the capsule sufficiently, so that by crossing the arm over the chest and pushing upward at an angle of forty-five degrees, we are enabled to tear through and place the bone in the glenoid cavity, its normal position.

This case adds to quite a list of long-standing dislocations a successful issue without a fatal or serious result.

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## EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

### SEPTUM—ULCERATION AND PERFORATION,

ULCERATION.—Ulceration and perforation of the nasal septum are often associated. Ulceration may exist without perforation, but perforation seldom occurs without a preceding ulceration, the exceptions being the result of traumatism or congenital.

Ulceration may be caused by external conditions, as dust or irritating vapors acting as mechanical irritants. Vascular changes from any cause may result in ulceration. As a result of vascular changes,

there may be an itching or irritation, which will induce the patient to pick the septal region, thus producing an area for ulceration. In deflections of the septum, particularly where it is an acute angular deviation, ulceration is liable to occur on the concave surface. This results from the vascular changes as well as from irritation due to accumulation of foreign material. Intestinal obstruction or irritation, menstrual derangements, and in several cases under observation prostatic irritation, produced a tendency to engorgement of the nasal mucosa, causing a desire to pick the nose.

A foreign body or a growth in the nose may cause ulceration, either through irritation or pressure against the mucosa. Lesions of the cartilage, or perichondritis from an acute infectious fever or specific inflammatory condition affecting the mucous tissue, may be a cause. In these cases the lesion is secondary, the destructive process commencing in the deeper tissues and progressing toward the surface, being a reversal of the usual ulcerative process. Ulceration of the mucous membrane may follow in any systemic disease when there is lowered vitality.

In syphilitic ulceration there is nearly always bony necrosis also. Irritating vapors, the use of the actual or galvano-cautery, or of escharotics, may cause ulceration. While ulceration may occur at any period of life, it is less frequent in the very young or aged. When found in infants or the very young, inherited syphilis should be suspected.

*Location.*—Usually on the mucous membrane covering the cartilaginous septum, but when due to specific or infectious disease, the membrane covering the bony portion may also be affected. The ulceration is usually located in the upper two-thirds of the septum, but the position is also dependent upon the cause. The size varies from a pin-head to almost the entire mucous surface. One side of the septum only is usually affected, and when occurring on both sides it is not necessarily opposite. The character of the discharge varies. In specific ulcers, or those resulting from foreign bodies, there is an offensive odor. In other ulcers the odor is slight, if any. The amount of the discharge depends largely upon the extent of the ulcerative surface.

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#### IMPORTANCE OF OTOTOLOGY IN GENERAL PRACTICE.

Every year the practice of medicine becomes more and more specialized, and each year finds the general practitioner better informed in these so-called special departments than were his predecessors. Methods of examinations are becoming more and more refined, and instruments for aiding the senses in the work of making a diagnosis or applying appropriate treatment, which, a generation ago, were comparatively unknown, are now in the hands of all progressive men, with the result of placing our art on a more scientific basis, and at the same

time enabling us to combat diseased conditions with increased success.

In marked contrast to the general use of instrumental aids to diagnosis and treatment of affections of other parts of the body, stands the neglect of such means for the examination and treatment of aural disease. The same degree of application which qualifies the general physician to detect and treat the various lesions of the heart, lungs and kidney, would, if bestowed on diseases of the ear, enable him to discover and check pathological changes in the middle ear before permanent alterations had occurred which baffle the most skillful.

Diseases of the ear are often of greater importance in their relation to the health and even to the life of man, than are those affecting what appear to be more vital organs, and a knowledge of aural pathology and the principles of correct treatment are essential for every physician. Affections of the ear are among the most common complaints of every-day practice, but how general is the neglect with which such affections are treated by the physician, or if treated at all it is according to some routine method, and without any adequate knowledge of the existing conditions.

Few of us would neglect to examine the abdomen of a patient who complained of a pain near McBurney's point, yet many see no necessity for examining the ear of a child who complains of earache, which may be the precursor of a suppuration, curable by simple means in the beginning, but when neglected entailing years of discomfort, if nothing more.

Diseases of the ear begin in infancy, and are to be met at every stage of life. Many of the diseases peculiar to children are especially likely to be complicated with coincident or resultant affections of the middle ear. Measles, scarlet fever and diphtheria are particularly prone to leave acute suppuration of the middle ear as a sequel, the treatment of which is often of such a careless character as to amount to practical neglect. The acute suppuration which follows infectious diseases is entirely curable, and it should be considered malpractice to discharge a patient as cured who still has a suppurating ear as a result of these conditions.

The majority of parents do not realize the danger of neglected suppuration, and it is as much the duty of physicians to inform them on this point as to warn them of the danger of infection in diphtheria. Both conditions are a menace to health and life, and nothing should be left undone to afford protection from the ravages of either.

In later life the ears are likely to be affected as the result of ordinary acute catarrhal colds to which so many are subject, especially such as are predisposed because of the existence of adenoids, hypertrophied tonsils, and chronic naso pharyngeal catarrh. According to von Troeltsch, of those in adult life one out of three is hard of hearing. This shows how wide-spread is aural disease, and how important it is for physicians to be thoroughly equipped for its detection and treatment. In many cases deafness is the result of recurring attacks of

catarrhal inflammation of a low grade, with none of the marked subjective and objective symptoms found in the suppurative form. These are most serious as regards loss of function, as the patient suffers only slight inconvenience at the time of the attack, and unless warned of the possible results of acute naso-pharyngeal catarrh in loss of hearing, may become very deaf in one ear before applying for treatment.

The influence of impaired hearing on the mental development of children, and their prospects of success in later life, cannot well be overestimated. Children who are more or less deaf learn less readily than their fellows, often acquiring a reputation for stupidity which may discourage effort and cut short the period of school life, with a consequent limitation of mental resources. Social intercourse is hampered by the difficulty of hearing conversation, and the educational advantages to be gained from intercourse with superior minds or from attendance at public functions, such as lectures, theaters, etc., are to a great degree lost.

In young adults entering business or professional life, the handicap of deafness becomes more and more marked, for the loss of function is usually progressive. In almost every occupation fairly good hearing is essential to success, and many are barred from positions they would be otherwise well qualified to fill, if their parents or physicians had recognized and treated their infirmity while yet there was time to arrest its progress.

Aside from the manifold inconveniences which deafness entails, aural disease must also be considered in relation to the physical well-being of the patient. Defective hearing adds one more factor to the ordinary hazards of our daily life. In this age of rushing trolleys and automobiles, one needs his every sense alert to avoid danger. To the deaf man the crowded streets, with their confusion of sounds, become much more dangerous than to one whose eyesight is aided by acute hearing; for while we can see in only one general direction at a time, sound comes to us from every side, and the hearing man may be warned in time of unseen dangers which are non-existent to the deaf until too late. The accident insurance risk for a man with impaired hearing is certainly greater in large cities than for one of normal power.

A still greater menace to life, however, is carried in the head of the patient who may perhaps have suffered from chronic suppuration of the middle ear for years, with no sign of extension to the neighboring tissues, yet all the time the caries of the bony walls of the tympanic cavity may be steadily progressing, awaiting the time when the pus focus shall develop an intensity of inflammation that will carry away the barrier and invade the very citadel of life. All cases do not thus terminate; any case may so terminate.

While the progress of modern otology has opened our eyes to the dangers of aural suppuration, it has not yet enabled us to cope successfully with more than a small proportion of the cases that go on to

the formation of brain abscess, epidural and subdural abscess, and sinus thrombosis, but it has taught us that these conditions may be averted and the function of hearing preserved by prompt and intelligent treatment of aural disease in its incipency.—Geo. W. McDowell, M. D., *before N. Y. Hom. Med. Society.*

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## PERISCOPE.

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### TUBERCULOSIS.

Regarding the modern method of treating tuberculosis by requiring the patient to spend practically his whole time in the open air, Dr. J. H. Kellogg writes as follows in *Modern Medicine*:—

“It has been clearly shown by numerous experiments in various parts of the United States, that the out door life with regular hygienic habits, irrespective of latitude or special climatic advantages, is capable of so aiding the natural powers of the body as to effect a cure of this formidable malady without the use of drugs of any sort.

“Tuberculosis is a disease of civilization. It scarcely exists at all among savages who live in the primitive state, but quickly appears among such people when the habits of civilization are adopted, especially the indoor life. The South American monkey and the North American Indian alike fall victims to this disease when shut away from the sunlight and active exercise out of doors.

“The time is not far distant when every large city will find it necessary to provide conveniences for the application of this simple curative measure, not only for the purpose of rescuing the victims of pulmonary tuberculosis from the certain fate which awaits them, but as an essential measure for protecting the public health.”

The writer quotes from a paper read before the American Congress of Tuberculosis last year by Dr. Henry McHatton, vice president of the congress, the following interesting illustration of the stamping out of tuberculous disease in a group of families who were threatened with extinction from this terrible plague:—

“About 1790, there landed at Trujillo, on the Caribbean Sea, a party of Spanish emigrants. This party consisted of members of ten families of the Spanish nobility—families who were so tuberculous that they decided to emigrate rather than become extinct. They worked their way in the course of time across Central America, and settled on the Pacific slope, not far from Tegucigalpa, and at an altitude of about 2,500 feet, in probably one of the most even and healthful climates in the world. They have always been purely agricultural and pastoral. Even to day there is not a road leading to this colony—nothing but trails—and it is a journey of days to reach them from the nearest port. Their village is built in accordance with the climatic requirements. They hold themselves far above the surrounding Indians, and there has been practically no intermarriage between



them and their neighbors. They present the purest strain of Spanish blood in America.

But the most remarkable feature of their history is the fact that the fear of extinction from tuberculosis has passed away. Their pastoral and out-door mode of life has restored the health of the respiratory organs to the primitive condition existing before exposure to the dangers and confinements of modern civilized life.

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#### Puerperal Eclampsia.

The theories of eclampsia are noticed by Partridge, who considers the albuminuric theory insufficient. The thyroid theory may be correct in some cases, but the most generally accepted one, and the one that best explains the condition, is the toxemic or metabolic theory, and he is inclined to follow Dorlan's suggestion that acetone may be responsible, though other toxic agents also have an action and there is a promising field of research here. He considers that in treatment, chloroform, while it controls the attacks, is only treating a symptom. Morphia dries up the secretions, though this objection is more theoretical than practical. Venesection and veratrum viride are mentioned as of use in certain cases, and pilocarpin is occasionally of much value, though it is liable to produce edema of the lungs, a danger to which the patient is already too subject. Chloral and the bromids are the sheet anchors as far as controlling convulsions are concerned. They should be preferably given by the rectum. Diuretics and cathartics should be given in every case until both the kidneys and the bowels are thoroughly active. For bowel action croton oil or saline cathartics are preferable. Hot baths, hot packs or hot air are of value, and one or the other should be used in every case to produce sweating. When the temperature is rising, a cold tub bath may do good, as in one case reported. The use of normal saline solution is becoming more and more popular and deservedly so. The last and most important method of all is emptying the uterus. The method of procedure must vary with the case, using the dilator if necessary. Undue force and too great haste must be avoided, however.—*Jour. A. M. A.*

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#### MASSAGE OF THE BREASTS.

Bacon criticizes the instructions given in text-books, and reviews the anatomy of the parts. The idea of breast massage is not to get rid of the accumulation of milk, but to empty the overfilled veins and lymphatics. The masseur, the patient lying on her side, begins with the axillary and subclavian regions, gradually advancing toward the center, at first quickly rubbing and stroking in a circular motion and up and down the axilla and under the clavicle. The pressure at first is very light with the fingers only, increasing as the parts become less tender, and making longer and longer excursions toward the axillary space and upper border of the breast, using not only the fingers

but the palms under parts of the hands and balls of the thumbs. With the lower hand the masseur also begins to work below the breast, and with the upper around toward the inner side.

If this treatment is properly done, a large amount of tenderness has disappeared, and the whole manipulation is pleasant. The skin has become loose and soft, and it seems one-half or one-third the milk has escaped. The massage may be stopped at this stage and supporting bandages applied, or it may be advisable to go further and massage the gland itself. This is done by a stroking movement of the fingers, at first very light, and later deeper and deeper, effort being made to surround the lobes with the fingers. The fingers are not carried to the nipple, but only to the outer border of the areola. Here the centripetal strokings are substituted by a circular rubbing, and this massage of the gland is combined at all times with the manipulation on the outside of the gland previously described.

The chief contra-indication to massage is the presence of mastitis, the possibility of dislodging masses of bacteria, and transplanting them to other regions where they may become foci of trouble. Another danger is the disturbance of the inflamed area.

Massage of the breast is indicated generally in the beginning of lactation only in the case of very painful, distended, non infected breasts that cannot be relieved by supporting bandages. Perhaps not more than one case in five needs massage, and then only for a day or two, but in these it is a valuable measure and gratefully received.

—*Medical Era.*

#### Poisoning from a Sublimate Vaginal Douche.

Wood reports (American Medicine) the case of a woman 30 years of age who had been ordered a douche of 1-2000 corrosive sublimate to be used daily. The injection caused so much pain that fearing a mistake had been made she applied for further advice, and was told to reduce the strength of the douche one-half. After the third trial there was severe pain in the loins, frequent painful micturition, loss of appetite, but no nausea or vomiting. The urine was of a smoky-red color, acid reaction, and contained 0.35 per cent. albumin. There were numerous red corpuscles, oxalate of calcium crystals, and some epithelial tube casts, chiefly of the hyalin variety. The symptoms rapidly cleared up under diuretics.

Sebillotte studied the question of the absorption of drugs from the vaginal mucous membrane. He came to the conclusion that in cases of bichloride poisoning absorption was from an abraded or lacerated mucous membrane. Practically the vagina had very slight if any powers of absorption. The case of Wood shows that in some cases an intact genital tract may absorb mercury in sufficient quantities to produce toxic symptoms.

[We have recently seen a case of poisoning from the same cause. Several years ago, we saw one from a vaginal douche of carbolic acid. The douche had been ordered to be used several times daily. The urine was scanty, smoky and voided with difficulty. In both instances a cessation of the use of the douche was speedily followed by improvement in all symptoms.—w. n. m.]

## Eclectic Medical Journal.

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### THINK AS YOU WORK.

Mankind advances in direct ratio to the amount of thought it mingles with its work. The doctor is a benefactor of the sick to the extent of the thinking he does while he works. The physician who fails to think as he works, mixing the two in proper proportions, is an automaton, and the sick suffer because of it. It is so much easier to drift than to swim. To breast the current of professional and for that matter public opinion, requires much force of character. The people seeing one working his way up stream, have their attention attracted thereby. They take observation of one doing something which is out of the ordinary and shy rocks at him. They resent the effort being made to do things in a manner not adopted by the crowd. It is much easier to float down stream than to fight the current. The work is easier as the exertion necessary to propel oneself is reduced to a minimum. One has only to keep the nose above the surface while he permits the menstruum in which he floats to do the rest. Then one attracts so little attention with so many floaters going in the same direction. There are none interested enough in him to shy rocks at him, and he is saved the annoyance of dodging. His days are quiet and peaceful. The man who thinks as he works goes up stream, because he is compelled to battle with the current. He who labors without thought is on his back floating with the tide. He either has his eyes closed and sees nothing that goes on around him, or but dimly views the blue sky through blinking lids.

As one goes through life doing that which his hands find for him to do, he should ask himself a question once in a while, then try to answer it. If he can find nothing to ask himself, let him seek a little child who has not felt the effects of the cramping mold called custom. The inquisitiveness of the little prattler puzzles the wisest doctor. Questions are intuitive pathways to truth. Reason—that is, thought directed in an intelligible manner—clears the roadway and leads to logical conclusions. Thoughts are also things which, coming our way, should be given free admittance to our mental storehouse. Each mind should have its own method of action. A true man never follows

a set of rules laid down by other men, but makes rules as he needs them. He fits his deductions to the individual case and the circumstances. Observation and reflection bring logical inferences. We must take pains to observe, to consider, to keep the mind's eye open while we act, intent to learn the secret law of facts.

For centuries men practiced the healing art without thought. They administered drugs that wrecked human lives, and failed to note the result of their blindness. They opened vessels and let the life blood flow away without once asking themselves wherefore. They gave deleterious substances for the cure of the sick which increased sickness tenfold, nor thought of the harm they did. They administered medicines nor thought mankind would be better off without them. They saw their patients literally drying up and burning to death for the want of water, yet for want of thought withheld it. They physicked them to death with no more thought than had the bowels which they whipped into action to the destruction of their possessors. They bored out a painful, sore, swollen throat, with a rag wrapped around a stick with no more thought than had the inanimate stick with which they worked.

At intervals during this medical darkness a man would be found breasting the current, going up stream. He thought as he worked. He defied professional opinion which is synonymous with public opinion. He was assailed with a volley of missiles which have many names. But he went on thinking and working; little by little public opinion changed; professional opinion had to. The old nastiness gave way, and the sufferer profited thereby.

Eclecticism was born of thought. It was christened at the fount of observation, and nurtured at the breast of logic. It is successful by reason of right thinking; it endures because men think as they work. Today the successful physician thinks as he works, with the result that the sick are not made sicker. He measures his success by a minimum death rate and not by the dollars he has made. The old floater saw disease as an entity; the new who battles with the waves sees conditions of disease. The old wrestled with names; the new with facts as determined by right thinking. The old sought to get rid of sickness by adding to the patient's distress. The new seeks to allay suffering. The old sought to wright a wrong by supplying something worse. The new works to the same end by removing difficulties without furnishing others that are worse. The old was the result of work without thought; the new mingles thought with its work. There are men to-day who are practising medicine without thought. Let us think while we work. The sick will gain thereby. It is as necessary to think today as it was fifty years ago. A. F. S.

## SPECIFIC PHYTOLACCA.

The characteristic and specific results attending the use of specific phytolacca and specific echinacea in the adenopathy attending a case of typhoid fever is the only apology offered for this note. We have often wondered whether physicians generally, even of our own school, accompanying, or following acute febrile and inflammatory affections, realize the value of phytolacca in various glandular swellings preceding. That phytolacca is of but little force in the treatment of glandular affections of tubercular origin, I am fully convinced; but in those lymphatic involvements of such diseases as the contagious eruptive fevers and in typhoid fever I know of no remedy offering better results. When syphilis is behind a glandular enlargement we may also expect to get good results if it be persistently and intelligently used. When glandular enlargements of the cervical and submaxillary glands, metastatic in character, are threatening to abscess, it has proved our best remedy. In post auricular glandular enlargements preceding or following measles and scarlatina, its action, with us, has always been definite, and it has checked the disorder before pus could form. When glandular infiltration and inflammation have followed aphthous ulcerations of the mouth, or aphthous gingivitis, it together with potassium chlorate has been all-sufficient to restore a normal condition. That it is one of the most important of our remedies for parotitis, I think all who have used it for that purpose will readily concede. We accord it a prominent place in the treatment of many forms of sore throat, where not only the tonsils are swollen, but there is marked adenopathy of the cervical lymphatic nodes.

The case referred to above in which echinacea also formed a part of a successful treatment was that in the practice of a young physician of the regular school. As he had never had, nor had ever witnessed a case of enteric fever with metastatic enlargement of the submaxillary gland without an abscess forming with fatal result, he was naturally much concerned over the apparent hopelessness of the case. In consultation, I suggested specific phytolacca and specific echinacea; the former for its specific limiting action upon the glandular swelling and the latter to act upon the septic process. He confessed that the remedies were new to him, but with a commendable spirit stated that he would be glad to give them a trial if only they promised relief. The gland at this stage was a little larger than a hen's egg and rapidly increasing in size and the temperature was rapidly rising. Mild delirium and considerable diarrhoea were concomitant features. We therefore put the patient upon R—Specific phytolacca gtt. xv; sp. echinacea 3 ij; sp. capsicum gtt. x. water 3iv. M. Sig. One teaspoonful every hour. The capsicum was added to restore the buccal and salivary secretions, the tongue and membranes being dry, and to prevent tympanitic distension of the bowels. For a few days the submaxillary continued to enlarge, though more slowly, but the temperature

rapidly dropped to nearly normal. After a few days, when we had almost begun to despair of preventing the formation of pus, the swelling began to slowly disappear, and the patient made an uneventful recovery. The physician in charge, with commendable honesty, recognized and acknowledged the worth of these remedies new to him, and with a zeal characteristic of every progressive physician he is now making a diligent study of eclectic medicines and methods.

This case emphasizes three points, i. e., that remedies employed according to specific indications, give specific, definite results; that *phytolacca* is the remedy for glandular enlargements in acute febrile affections; and that we can do better missionary work by kindly teaching our regular friends the value of medicines and their uses than by viciously abusing them and their methods of practice. In this case the young man, a splendid type of the younger generation of regular physicians, learned to look with kindly feelings upon the Eclectic school of medicine, and is now getting better clinical results with our medicines than he had ever before been able to accomplish with his limited *materia medica*.

H. W. F.

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#### STUDYING TO NO PURPOSE.

The fact that studying is defined as the act of trying to learn, it would seem as though all study would accomplish this end. Unfortunately much time is worse than wasted in mistaken efforts to study, simply through not understanding how best to improve the time, or by working at the wrong period.

One difficulty with many is they do not study understandingly; their ideas regarding the subject being hazy. Such persons will work hour after hour without cessation, exhaust their nervous energies, and become so confused they have not a single clear idea. Chaos will best describe the confused mass of work attempted. This class of individuals usually start wrong. They resemble a contractor who attempts to construct a building without specific plans and specifications. The student requires for his plans and specifications a good modern dictionary, and the constant use of this guide. Practically every word peculiar to science, mechanics and medicine possesses a distinctive meaning, which when understood, makes plain what before was obscure. These terms are not applied arbitrarily, as some seem to think, but because there is a directness obtainable by no other word or combination of words. The pronunciation of the word is equally as important, especially in conversation with others. By the use of the dictionary one cause of poor work is eliminated.

Another factor in inability to study successfully, is lack of attention. It is of no use sitting down with an open book before you, and read a lesson while your thoughts are "wool-gathering." Concentration of thought on the subject is necessary to good work, and it is not the time devoted to a subject that makes it familiar, but the steadfastness

of thought while at actual work. When unable to concentrate the mind on a subject it is better to drop it until such time as this can be done. If a change of subject is not sufficient on account of a fatigued brain, active exercise in the open air will do much to bring the mental faculties to their normal.

Poorly ventilated rooms are often responsible for inability to study, the brain becoming sluggish through lack of oxygen.

The effort to study soon after eating a hearty meal is seldom attended with brilliant results, being in the majority of cases as futile as trying to study when one is so sleepy they can scarcely keep the eyes open.

K. O. F.

## COMMON DISEASES OF CHILDREN.

II. Mumps.—Mumps, or parotitis, is an inflammation of the parotid gland. It is one of the common diseases of early life, occurring chiefly in childhood and youth; it is very seldom encountered during infancy. Cases are seen after maturity, though the disease is rarely contracted by the adult. A very considerable proportion of all cases will be seen between the ages of four and fourteen.

Mumps as a child disease is highly contagious, and usually occurs as an epidemic. The element of contagion may be disseminated through the air, or contracted by direct contact from the exhalations of a patient. It is also claimed by some that the disease may be communicated by a third person or by infected articles. Development by means so remote and indirect are, however, rather improbable.

Mumps has many analogies to the other common disorders of childhood, particularly as to the acute exanthemata, in that a person is usually immunized after one attack. It occurs as a rule in distinct cycles. Persons very young or advanced in years are seldom affected. Also, it is in most instances seen in epidemic form during the spring or autumn seasons.

The forming stage in parotitis is slow, and incubation considerably prolonged, as compared to other diseases of children. After a given exposure or infection, from 14 to 21 days elapse before any characteristic symptoms manifest themselves; this is owing to the fact that the infection is less virulent than in many other diseases of more active incubation. A short prodromal period follows within from two to three weeks; this usually continues from one to three days; the child is ill-humored, tired, nervous, complains of headache, frequently nausea and vomiting are present, and usually a chill of more or less severity is noted. With the onset of parotitis the patient becomes feverish, the temperature gradually rising from 100 to 103°. The chief characteristic symptom readily follows, viz., pain near the angle and behind the jaw; the suffering becomes quite severe, and is aggravated on trying to open the mouth; it is also increased on mastication, likewise sensitive to slight external pressure. Within a few hours swelling is noticed in the parotid region. The disease may affect one side

singly, or both glands may be involved at the same time, or symptoms from the opposite side may follow after 12 to 24 hours. In the course of 36 hours the swelling becomes considerable, the depression between the lower jaw and mastoid process becoming filled out, pushing the lobe of the ear outwardly, producing the characteristic deformity. The gland is indurated, the pain continues acute, and even a slight movement of the jaws increases the suffering. Pharyngitis is sometimes present, the tonsils may also become involved, as well as enlargement of the submaxillary, sublingual, and lymphatics at the angle of the jaw. The integument covering the gland is tense and usually slightly reddened.

As a rule mumps is a mild disease, and if looked after properly as to careful nursing and judicious treatment, is followed by an uneventful convalescence. The complications and sequelæ may, however, become very troublesome, proving a source of distress and discomfort to the patient for a considerable time, and requiring a persistent and heroic treatment to allay.

The swelling usually begins to subside after about one week, the fever gradually yields, and with proper care against taking cold or exposure, convalescence follows quickly and uninterruptedly. Where the disease attacks but one gland it is usually that of the left side. The other side may become affected after several years in a subsequent epidemic, all the special symptoms developing without regard to the former primary invasion.

An attack of mumps is characterized by symptoms so pronounced that it should be readily diagnosed without confusion or confounding it with any other disease. With the appearance of early symptoms mothers frequently confirm their suspicion of the trouble by allowing the child a bite of pickle; a certain aversion for acid being peculiar, owing to its exciting an increased flow of saliva, causing pain in the parotid gland.

The treatment in an ordinary case is quite simple, but should, however, be considered no less important; for there can be no question that by judiciously meeting the specific symptoms by the remedy indicated, the severity of the disease may be modified, as well as rendering less likely the peculiar and annoying *metastases* that not infrequently complicate matters, and which, in our judgment, many times might have been prevented. With the appearance of the prodromes that anticipate the invasion, the extremely nervous child can usually be subdued by prescribing *rhux tox.* or *gelsemium*; if sleepless and uneasy at night, *passiflora* will be found useful; occasionally *pulsatilla* will be called for. With manifestation of symptoms, fever, pain and swelling of the parotid, etc., the indications will invariably call for aconite as the sedative, and *phytolacca* to allay the irritation in the gland. The bowels should be well evacuated at this time by the administration of an efficient laxative. A little later, drowsiness, dullness and stupor call for belladonna. Locally, hot bran has been



suggested to mitigate the pain in the gland. The hot hop bag will probably answer as well and prove more soothing. Hot applications of almost any kind used dry, will prove grateful to the patient. When the swelling is marked and the pain quite severe or intense, the use of belladonna ointment answers a good purpose. Light sponge bathing will refresh the patient, and may be advised. The food should be light and fluid only.

A peculiar complication of mumps is a metastasis, in which the swelling, pain and inflammation suddenly subside in the parotid, and attack the testicles and cords in the male, and the mammae, ovaries, and occasionally the labia pudendi in the female. Occasionally the inflammation in both locations may co-exist, or develop simultaneously. Carelessness and want of proper nursing and treatment, or contracting a cold, frequently may account for this complication.

In the male the internal treatment may be continued; locally a liniment of equal parts of veratrum, alcohol and water will be found most efficient. The patient should be kept quiet and off the feet. Especial attention to normal action of the bowels should not be overlooked. For the female, in addition to the sedative treatment already named, macrotys, with pulsatilla or gelsemium, will be indicated. In the ordinary case great care should be exercised during convalescence to avoid exposure to inclement weather and taking cold. A subacute inflammation may continue for a long time, if the patient is not careful during the getting up. It is well to protect the gland until the swelling subsides by covering with a cotton-wool pad. A. C. W.

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#### ADVANCING.

There are still a few practitioners who, while existing in the present, are living in the past, that talk learnedly of scrofula and the "strumous diathesis." Pathology reveals the fact that there is no such morbid condition as scrofula, nor can there be scrofuloderma without a base, consequently neither scrofula nor scrofuloderma exists. The pathological states formerly described as scrofula are now well known to be tubercular, syphilitic, malignant, or infective lymphadenitis. In the majority of cases, however, the so-called scrofula is tuberculosis or syphilis, and the few remaining cases are either the result of malignant or cancerous cachexia, or follow some of the acute contagia from lymphatic absorption of the virus.

Another old term which will soon be retired is rheumatism. As already mentioned in a previous number of the Journal, it is extremely doubtful if medical men can agree upon an aggregation of symptoms to which they will apply the name rheumatism. Acute peri-arthritis, or peri-arthritis with myalgia and metastasis, is called rheumatism by some physicians, while others apply the same name to synovitis, and still others diagnose neuritis as rheumatism, not to mention chronic joint diseases, syphilitic peri-ostitis, gonorrheal arthritis, progressive

muscular atrophy and locomotor ataxia, all at various times called rheumatism. One of our most reliable and progressive works on pathology (Green's) unreservedly says, "We do not know the nature of so called rheumatism," and there is no pathology. A few more years and this term which has served so long and faithfully as a vehicle upon which to throw our ignorance and ride into the patient's confidence, will be laid aside. More learning and experience will destroy its usefulness.

Malaria still thrives, but already there is a dim light just appearing above the medical horizon which is destined in time to dissipate the misty name, and the mosquito will remove the necessity for such a term, for it is now almost proven that so-called malaria is nothing more than anophelitis. Malaria has been such a convenient subterfuge for retreat in all manner of unknown morbid conditions that we sigh to see it pass. Still we are quickly revived when we remember that we have left us "la grippe," under the broad sheltering wings of which we can place everything from earache to pneumonia, and the good public will stay by us.

L. W.

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#### ECLECTICISM.

It is a good plan for a school of medicine, as well as an individual, to occasionally review its past history, examine its present condition and plan for the future; to study the factors that brought it success and determine whether they belong to a period that is past, or whether they are to be successfully used for future victories; whether the old factors have lost their power and whether new ones must be devised. In taking a retrospect of our school, one is impressed with the spirit of loyalty that characterized her followers.

To be an Eclectic in the early days required back-bone. It took courage to stand for a reform in medicine, when to do so meant ostracism and abuse by the dominant school. Our fathers believed that the reform system was so far superior to the old system of medication, that they gave their lives, fighting for the promulgation of its principles. Loyally they stood abuse and persecution and saw their system of medicine outgrow its swaddling clothes and become a successful school. Finding that the new school was actually thriving on persecution and ridicule, the dominant school changed their method of warfare and sought the halls of legislation in the interests of the "dear people" and endeavored to drive us from the field, but defeat again stared them in the face, for they found the American people were a liberty-loving people, that class legislation could not be secured. The new school, always in the fore-front, however, came to the aid of the old school, and helped such legislation as raised the standard of medical education, and the new century opens with Eclecticism stronger than ever in her history. But to-day we are facing a most vital question, and it behooves every Eclectic to stand loyally by his

school or the work of years will go for naught. Failing in all past methods, the plan of *absorption* is the latest method advocated by the dominant school.

The plan has been quietly worked in city and country associations by forming so-called non-sectarian societies, and the recent changes made in the constitution of the American Medical Association, whereby an Eclectic or Homeopath may join the Association, is for the same purpose.

This latest act of the *regulars*, might be thought by some, to be most magnanimous, and an evidence of good-will and liberality; but when the conditions of membership are considered, the mask is removed. Eclectics and Homeopaths so admitted must drop the term Eclectic, Homeopathic, and cease allegiance to their school.

Commenting on the new move, whereby former sectarians are to be admitted, Dr. McCormack, of Kentucky, says: "When so elected, they are no longer *Eclectic or Homeopath*, but are promoted to be plain physicians, like the others of us." How magnanimous! how liberal! how beautiful for the great medical fraternity to be *one*! How peaceful the regular lion will look, after swallowing the innocent Eclectic and Homeopathic lambs, 20,000 in number. For seventy-five years, the Eclectics have been developing and perfecting a therapy, that to-day stands unexcelled. For seventy-five years they have been successfully fighting disease, and to-day we are invited to join a school that has lost faith in their own unsuccessful medication. What have we to gain by such a union? Practically nothing. On the other hand we have everything to lose. Certainly no thinking man will, for a moment, believe that having once renounced the faith, the system will be taught. When our allegiance to Eclecticism goes, our literature, and our colleges go with it.

Now, what of the future? How shall we advance? By organizing every Eclectic into one mighty organization. The *regulars* are organizing city, county and state societies all over the United States and aiming for a National Society—the American Medical Association—that in numbers, shall have almost unlimited power. The Eclectics must not falter in their organizations. The secretaries of the State societies must get in touch with every Eclectic residing in their respective states and so persistently and intelligently present our cause, that he or she will be compelled by the logic of events to become a member. This, once accomplished, the doctor is eligible to membership in the National Association, and when our National numbers 2 500 or 3,000 members, as it will, if every loyal Eclectic does his duty, nothing can withstand the onward sweep of Eclecticism. To all Eclectics not yet members of the National, we give a cordial invitation to visit St. Louis this year and become members and help in the great onward movement.

R. L. T.

**X-RAY BURNS.**

And now come complaints of dangerous burnings following exposure to the X-ray, not only to the patient, but to the operator as well. In many cases after an extended exposure, there is a slight stinging sensation manifest, not unlike a dermatitis, or a severe sun-burn following exposure to the reflected rays of the sun on the water. The operator may not give much solicitude to this condition manifest upon his hands; but after a time he will notice that the skin takes on a smoky, tawny hue, the nails become brittle, and eventually the exposed part under the continuous action of the X-ray will develop small papules, the bones of the hand change in their nutrition, soften, and often a periostitis develops and continues until an alarming necrosis has obtained.

To the patient, who receives many and prolonged treatments, the tanning of the skin, and the excessive proliferation in spots of the epithelium, where there has been sloughing, shows beyond any reasonable doubt that the exposure to the X-ray has been too constant. Cases are reported in which there was apparently no great lesion from the X-ray burning; several days later the skin assumed a white or ashen hue, much pain was experienced, and eventually large and deep sloughing of skin and cellular tissue followed. Damage suits are springing up all over the country, on account of injuries from a too zealous application of the X ray in the attempt to effect cures in tubercular and carcinomatous lesions.

It will be some time before the exact status of the good to be derived from X-ray treatment will be established. In the meantime it were better that the practitioner use much discretion, and always within the bounds of safety, in the further study of X-ray therapy.

L. E. R.

**FLORIDA.**

On my second recent visit to Florida I extended the trip down to the west coast—to Tampa Bay. I was much pleased to have met and formed the acquaintance of Dr. H. J. Hampton and his estimable family, also Dr. D. E. Saxton and family. I remained at Tampa Bay Hotel three or four days, but was much annoyed at night by mosquitoes presenting their bills, which were quite large; and they do business without the song which usually accompanies the northern mosquito. No great relief came from the bills in the daytime, which the hotel company presents. They seem to be out for the money, and they do not fail to ask everything they think the parties will stand.

On my return trip homeward I had the pleasure of a two or three days' visit with our Dr. S. F. Smith at Leesburg. I found the Doctor very busily engaged with his practice; and upon inquiry among the better class of people, I was pleased to hear nothing but the very best reports.

Later on I crossed over to the Atlantic or east coast side of Florida, stopping at the Ponce de Leon, St. Augustine. Here the affable

clerk, without a blush or a smile, informed me that we could enjoy ourselves for eighteen dollars per diem.

I believe if I were advising patients with tubercular lesions, or those who wished a milder climate for the winter months, that I would recommend Leesburg or Orlando as the best part of Florida. These places are away from the ocean breezes midway between the gulf and the ocean, and situated upon very charming fresh water lakes. Nearly all the waters of Florida are strongly impregnated with sulphur. In different parts of the State some very good springs abound; though the greater part of the drinking water of Florida, especially when not from the springs, is a rather hazardous fluid to imbibe. L. E. R.

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#### CLASSIFICATION OF REMEDIES.

The classification of remedies as diuretic, expectorant, cathartic, diaphoretic, and so on, has about lost its usefulness and is fast becoming obsolete and valueless. A remedy that is indicated in a morbid condition may be either one or all the above. For instance, when the pulse is rapid, the face is flushed, the eyes suffused, the head hot, with pain and nervousness, the skin hot and dry, the bowels constipated, and the urine scanty, according to the old ideas we should administer a sedative for fever, a diaphoretic for the hot and dry skin, a diuretic for recreant kidneys and a cathartic for the sluggish bowel condition. Now we have one remedy that will fulfill all these conditions—that is gelsemium; so that this remedy is sedative, diaphoretic, cathartic, diuretic, according to the indications. Podophyllin, usually classed as a cathartic, is this and more when indicated. Podophyllin will relieve cough and promote secretion when we have the podophyllin indications, and lobelia will relieve cardiac pain and check nausea in cases of reflex nervous irritation, and hence is anodyne. Any remedy when indicated will fulfill all the requirements; and the classification of remedies as adapted to but one condition is misleading. It is time that our writers on *materia medica* began to understand this, and forever relegate to limbo the old-style classification. Let us keep abreast of the times. Any remedy that will promote secretion from pulmonary structures is an expectorant; at various times and under differing conditions we find that *macrotys*, *caulophyllum*, *ipsecac*, *aselepias*, *equisetum*, *chionanthus*, and many others, will do this although most of them are not classed as expectorants. The same may be said of diaphoresis, catharsis, and the rest. In short, the application of remedies depends upon the indications.

L. W.

#### THE NEW HOSPITAL AT LOS ANGELES.

This admirable institution is entirely under the medical and surgical management of the Eclectic physicians in and about Los Angeles. It has the name, German Deaconess' Hospital, and was built by the German Methodists, being conducted by them after the admirable

manner of the well known Bethesda Hospital of Cincinnati, from which mother house came the matron, Miss Ella Shela, and several experienced deaconesses.

This new hospital is in every way abreast of the times, both in management and equipment. The cost of the building has been over \$50,000. It is a four-story structure 60 feet frontage, 120 feet deep. It has two operating rooms with all modern equipments and latest surgical appliances, and has forty rooms for patients. Elaborate care has been taken to arrange for antiseptic and spray baths for nurses and others to whom such attention may be necessary. The plumbing, heating, ventilating, and lighting systems are in accord with the most modern conception of sanitary and aseptic hospital construction, and throughout, the hospital is complete.

While the building is erected by the German Methodist Episcopal Deaconess' Hospital Association, some of the rooms are furnished by individuals or societies. The medical services, as has been stated, will be Eclectic, Dr. O. C. Welbourn being Medical Director.

The foregoing brief statement of facts is sufficient to inform our people that in Los Angeles their friends, both traveling and resident, may now receive the very best hospital and medical attention. The writer of this has been aware of the project since its incipency, and now, that it is carried to a successful end, congratulates the founders, and the people to be served, on the completion of the laudable enterprise. When Dr. Welbourn announces his staff, it will be seen that in Los Angeles our school is amply able to care for an enterprise such as this, and in its record therein will do itself proud. Be it enough to say, in this preliminary notice, that if you have a friend in California, likely to need hospital care, or a patient going to California, the German Deaconess' Hospital offers every needful opportunity both as to equipment and professional services. In it your patients can have the full benefit of the kindly Eclectic system of practice. For details, address Dr. O. C. Welbourn, Los Angeles, Cal., or any eclectic physician in Los Angeles or Southern California. J. U. L.

#### COMMENCEMENT EXERCISES.

The Fifty-ninth Annual Commencement Exercises of the Eclectic Medical Institute will be held at the Scottish Rite Cathedral, Wednesday evening, April 20th, at 8 o'clock. Prof. Thomas will make the Dean's report. Prof. Lloyd will confer the degrees as President of the Board of Trustees, and Judge J. Soule Smith, of Lexington, Ky., will deliver the annual address. All the graduates and friends of the college are cordially invited to be present.

In the morning of the same day, from 9 to 12, there will be a surgical symposium at Seton Hospital, and arrangements will be made to operate on clinical cases before the graduating class and visiting physicians.

In the afternoon at 2:30 o'clock, in the lower lecture room of the

college, the Alumna Association will hold its annual meeting. Every effort has been made by President S. M. Sherman and the other officers of the Association, to make this meeting surpass any previous one in interest, and all E. M. I. graduates who can are earnestly requested to attend. By concerted action only can we hope to maintain the exalted position we now occupy in the field of medical knowledge.

Membership in the Alumna Association, including certificate, is only \$1 00; afterwards 25 cents annual dues. The cost of membership entitles one also to Prof. Felter's history of the College, which gives a complete resume of the inception of the College, its work, biographical sketches of the various faculties, and list of the graduates up to the time of publication. The book is given in paper cover without additional cost; in cloth binding, 50 cents extra.

All persons who are eligible to membership can send their application, which will be acted on at the annual meeting. We earnestly ask you who are not members to join the Association, and aid the cause of Eclecticism by giving us your support.

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#### To the Eclectics of Kentucky.

The State Society will hold its annual session at Louisville May 3 and 4. We will have numerous good papers and a general good time. You can get a round trip for one fare on account of Derby day. Every Eclectic whose name we have has received a letter asking his co-operation and assistance in making this a banner meeting. It behooves each and every one to attend and perfect our organization. We felt the need of a strong organization in our fight before the State Legislature for a just medical law. We are glad to report a successful outcome. It is the desire of the officers of our State Society that Kentucky be well represented at the National in St. Louis. Brothers, make a few individual sacrifices for the general good.

L. O. WOOD, M. D., Cor. Sec'y.      J. C. MITCHELL, M. D., Pres't.

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The Annual Meeting of the Eclectic Medical Association of West Virginia will be held at Wheeling, at the residence of Dr. J. A. Monroe, No. 2711 Eoff street, May 27 and 28, 1904. Dr. Finley Ellingwood, of Chicago, will be with us. Let all West Virginia Eclectics be present.

W. L. WERNER, M. D., President.

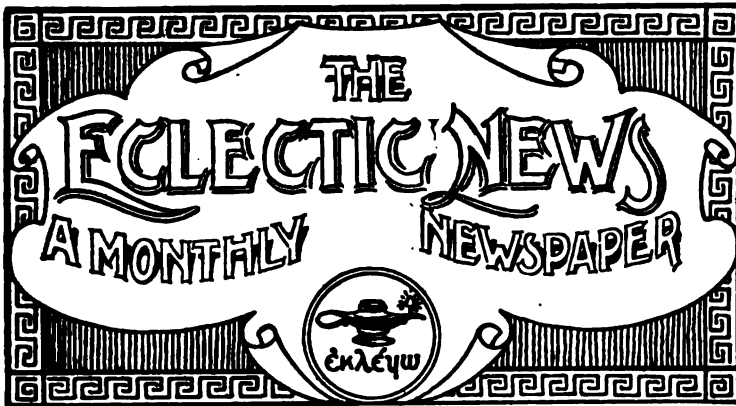
G. R. MILLER, M. D., Secretary.

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#### ANNOUNCEMENT.

The ninth Post Graduate Course in Orificial Surgery will be held at the Chicago Homeopathic Medical College, corner Wood and York streets, Chicago, Ill., during the week beginning May 16, 1904. The course consists of a four hours' daily session. Doctors are requested to bring cases. Operation free. Particulars of the course can be had by addressing

E. H. PRATT, M. D.,  
100 State street, suite 1203, Chicago.



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No. 4.

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## BOOK NOTICES.

**DOMESTIC MEDICINE (Condensed.)** By C. B. Dean, M. D., Fristoe, Missouri. A safe popular Guide for home use, in caring for the Health of the Family. 278 pages. Price, \$2.00.

It is not often that we can commend works on domestic practice, because of the fact that so frequently they contain and recommend so many things that must be dangerous in the hands of the common people—and of the novice in medicine. But, this little book is an exception to this rule, in that it is so plain and practical, so based upon common sense, and not upon classical medicine, that one not thoroughly versed in medicine may readily understand. The prescriptions are for specific medicine—hence the dose is small, and much less likely to do harm. His discussion of health principles, symptoms and their meaning, good health, disease, food, disease expression, etc., etc., are plain practical common sense. His "indications for medicines, his treatments of disease, etc., are all based upon eclectic specific diagnosis and specific medication; hence the book is one that any *Journal* reader may safely and satisfactorily put into the hands of his patrons.

W. E. B.

**A MANUAL OF GENERAL PATHOLOGY FOR STUDENTS.** By Sidney Martin, M. D., with numerous wood-cuts from micro-photographs and other illustrations, including many in colors. P. Blakison, Son & Co., Philadelphia, Pa., 500 pp. Price, \$4.00.

The basis of this text book has been the Lectures on General Pathology delivered at the university College during the past five years. It gives in a short space a clear account of disease processes which enables the student to appreciate and understand the study of scientific medicine. The book is up to the times and is especially clear in neuro-pathology.

L. W.



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**OBSTETRICS FOR NURSES.** By J. B. DeLee, M. D. 12 mo. of 460 pages, Illustrated. Philadelphia: W.B. Saunders & Co. Cloth \$2.50 net.

Although this work was written, as the author states, primarily for nurses, yet from our examination of it we believe that medical students will find it of value as well as nurses. There are really two subjects considered—obstetrics for nurses and the actual obstetric nursing—and Dr. De Lee has combined them so that the relations of one to the other are natural and mutually helpful. The illustrations have been made expressly for the book. The photographs were taken by the author from actual scenes, and are true to life, and in every particular this work is well suited to the purposes for which it was written. The nurse will be better prepared for her next obstetrical case after consulting its pages.

R. C. W.

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**ATLAS AND EPITOME OF OPERATIVE GYNECOLOGY.** By Dr. O. Schaffer, Heidelberg. Edited by J. C. Webster, M. D., Philadelphia. W. B. Saunders & Co. Cloth, \$3.00 net.

This new addition to Saunders' admirable series of Hand-Atlases is excellent. It is unfortunate that medical students graduating each year know less about gynecologic operations than about almost any other department of operative surgery. This atlas, therefore, is opportune, and the excellence of the lithographic plates and the many other illustrations render it of the greatest value in obtaining a sound and practical knowledge of operative gynecology. Indeed, the artist, the author, and the lithographer have evidently expended much patient endeavor in the preparation of the water-colors and drawings. They are based on hundreds of photographs taken from nature and reproduce faithfully and instructively the various situations which they intend to illustrate. The text closely follows the illustrations, and we have found it fully as accurate. We consider it of great value to the up-to-date practitioner and surgeon, as well as to the specialist.

It is works like this that round out one's knowledge along special lines, and if he has been at work for some time and needs a refreshing "stirring up" on gynecological work he can get a sort of post-graduate touch through this book. It is brief, but much more than an outline; it is a work that will carry with it that which makes a promissory note legal "value received."

W. E. B.

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**DISEASES OF THE EYE.** By L. Webster Fox, M.D., with five colored plates and two hundred and ninety-six illustrations. D. Appleton & Co., New York. Cloth, \$4.00.

This volume has a number of features which have as yet received scant attention in works on the eye. One reason for this being that they are comparatively new, and the results of experimentation are just beginning to determine when and where they are beneficial. Considerable space is devoted to the subconjunctival injections of salt

solutions. It is still a mooted question whether as good if not better results cannot be obtained by other means.

The chapter on the use of the X-rays in locating foreign bodies in the eyeball, orbit or skull, with a description of the author's localizer, gives the latest advancement in this line of work. As to the use of the X-rays in treating malignant growths, it is too early as yet to say positively regarding their value.

The article on conical cornea is interesting, especially the means employed to improve the visual acuity.

The volume as a whole, makes a valuable addition to the library of any physician, whether specialist or not. The press work is what one would expect from the publishers.

K. O. F.

**REFERENCE HANDBOOK of the Medical Sciences.** Edited by Dr. Buck. In ten large royal octavo volumes illustrated. Vol. III, Chl—Equ, \$7.00 each. Published by Wm. Wood & Co., New York City. Subscription only.

The field covered by this work, Anatomy, Physiology, Chemistry, Climatology, Therapeutics, Descriptive Medicine; in fact any and almost every subject that has a bearing in medicine, makes the work peculiarly valuable. With each additional volume, the great merit of the work grows more apparent.

Vol. III is profusely illustrated with chromo-lithographs and half-tone and wood engravings, there being 676 of the latter. The general practitioner, the surgeon and the specialist will each find this work, one most frequently consulted. Vol. III maintains the high standard of Vols. 1 and 2. Volume II was reviewed in July 1901.

R. L. T.

**HOWE'S HANDBOOK OF PARLIAMENTARY USAGES.** Hinds & Noble Co., New York, Publishers. Cloth, price 50 cents.

The most unique and satisfactory manual of parliamentary law that we have ever seen. The subject matter is so arranged that when the book is opened in the middle a key to every motion or subject is seen at a glance, and the rule found almost instantaneously. A valuable handbook for every presiding officer.

R. L. T.

**INFANT FEEDING in its Relation to Health and Disease.** By Louis Fisher, M. D. 54 illustrations, 357 pages. Cloth, price \$2.00 net. F. A. Davis Co., publishers, Philadelphia.

This work will be found helpful and of great interest to every practitioner or physician who treats young children. With the present revised edition the subject is covered most exhaustingly. New chapters appear on Milk Idiosyncrasies in Children, Buttermilk feeding and Scurvy; also an additional chapter on feeding children afflicted with cleft palate. The dietary for older children has been enlarged; also special attention is devoted to the method of feeding in diphtheria. The work commends itself, and will be found a valuable adjunct to the library of any physician.

R. C. W.

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## COLLEGE AND SOCIETY NOTICES.

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### **Eclectic Medical Society of Missouri.**

The Eclectic Medical Society of Missouri will convene at the Hotel Epworth, in St. Louis, June 13th, at 9 a. m., sharp. We will hold three sessions on that day. On the evening of June 14th we will unite with the National in giving a monster reception on the roof garden of Hotel Epworth. June 15th is "Eclectic Day" at the World's Fair and everybody is expected to be there and wear a badge with the word *Eclectic* printed on in great big letters.

Now Doctor! We are preparing to entertain you royally next June and you can't afford to stay away. Do not delay in reserving your accommodations. The Hotel Company is being daily flooded with applications. In connection with our state society contract, we wish to state that every certificate purchased through our influence means \$1.00 to us whether the person is a guest of the hotel in June or not, so I hope you will call your patrons' attention to this hostelry if any of them contemplate going to St. Louis. Applications and hotel literature may be had from the secretary.

Let us double our membership in the state society this year. That means 100 new members. We have nearly 300 non-members in the state to work on. Get after the nearest one to you. Also be sure and write that paper.

E. A. MENDELL, Pres't., St. Joseph, Mo.

H. H. HELBING, Sec'y 4235 West Belle Place, St. Louis, Mo.

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The twenty-fourth annual meeting of the Arkansas Eclectic Medical Association will be held at Gleason's Hotel, Little Rock, April 12, 13 and 14. The railroads have granted a one and one third rate fare and a large and interesting meeting is looked for. For further particulars address the Secretary, Dr. J. L. Vail, Little Rock.

The following resolution was unanimously agreed upon by the Board of Directors of the Eclectic Medical Society of the State of California:

WHEREAS, There has been removed from our midst an honored and faithful member, Dr. J. W. Hamilton, who was President of this Society and for many years a member of the Board of Examiners, therefore be it

*Resolved*, That we, the members of this Society do hereby express our deepest sorrow and extend our sympathy to his bereaved family.

O. C. WELBOURN, M.D., Pres't. BEN. STETSON, Secretary.

—*Cali. Med. Journal.*

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Dr. M. B. Ketchum, has resigned his position as Professor of Ophthalmology, Otology, Rhinology, and Laryngology in the Lincoln Eclectic Medical College to accept a similar position on the Staff of the Deaconess Hospital of Los Angeles. We congratulate the hos-

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You know exactly how many anti-toxic units each bulb contains. It is

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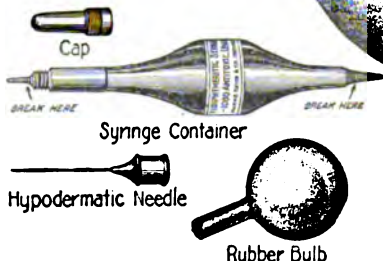
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STOOD. IT IS ANTI-PURULENT,  
ANTI-MORBIFIC--A CORRECTOR  
OF THE DEPRAVED CONDITION  
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**SAMPLE (12-oz.) BOTTLE SENT FREE ON RECEIPT OF 25 CTS.**

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pital on the acquisition of a strong man; we congratulate the Eclectics of Southern California that the cause is so flourishing as to make the field an attractive one to our eastern brethren. Dr. Ketchum needs no introduction, being personally known to nearly every Eclectic in this section. He expects to arrive the first week in March.—*Cali. Med. Journal.*

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## PERSONALS.

Dr. C. O. Shrader, E.M.I., '02 is now located at Bowling Green, O. Died at Plymouth, Ills., Feb. 6, Dr. William D. Wade, E.M.I.'70.

Dr. W. A. Harvey, of the California Medical College, has been appointed a member of the San Francisco Board of Health.

Wanted.—A good young Eclectic physician at Ellensburg, Wash. For particulars address with stamp, the Owl Drug Store, Ellensburg, Wash.

Dr. S. W. Mattox, E. M. I. '96, after finishing a post graduate course at the Chicago E. E. N. & T. College, also at the New York Ophthalmic and Aural Institute, is located at No. 215 Main st., Marion, Ohio.

Good location and established practice of twenty-five years in a good growing town. Property for sale, reasonable, nothing asked for the practice. For particulars address with stamp Dr. I. M. Shrader, Bowling Green, Ohio.

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## READING NOTICES.

**PASSIFLORA.**—Sound sleep is imperative to the recovery of a patient. It matters not what your treatment is, if the nerves are not quieted, and the body refreshed by slumber, the nervous system will give way, and complete collapse will follow. Daniel's Conct. Tinct. Passiflora Incarnata is both hypnotic and sedative, and is indispensable to the physician in treating such diseases as insomnia, hysteria, nervous headache and nervous irritability, because it possesses the power of inducing healthful sleep, and restoring the nerves to their normal vigor. The quality of Passiflora most attractive to the practitioner is that it not only allays, but leaves the patient in the most desirable condition—composed in brain and body.

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**NECESSITY CREATES THE DEMAND.**—The rapid pace at which the American people are living draws heavily upon the physical bank account. To withstand the demands of nature large quantities of food are consumed and in many instances proper time for digestion is not given. To retain health, elimination of waste products is as im-

portant as nutrition, and the presence of rheumatism, gout, asthma, sore throat, lithemia, neurasthenia, etc., many times indicates that the organs of elimination are not properly functioning, and waste products, especially uric acid, are being stored up in the system. In these conditions an eliminant and uric acid solvent is indicated and as a remedy which has stood the test of time and rendered most excellent services in these cases, Hayden's Uric Solvent is highly recommended. This preparation is a product of the laboratories of The New York Pharmaceutical Co., Bedford Springs, Mass., who need no introduction to our readers, but we mention it as it means "Standard Merit." Write them for copy of booklet "Human Laboratory."

Recently a direct effort was made to frame legislative measures which would presumably exclude Vin Mariani from sale in the State of Pennsylvania. The State Board of Health promptly took up the problem. They employed two of the most prominent chemists of Philadelphia, namely, Professor Samuel P. Sadtler and Dr. F. A. Genth, who, after critical analyses of Vin Mariani, made from purchases of their own selection, failed to find pure cocaine in demonstrable quantity. This not only refutes the absurd falsity of suspicion that any alkaloid is surreptitiously added to the wine, but confirms, in the most convincing manner, the results of numerous former analyses made by the governments of France, Germany, Russia, and also in the United States. Each of these analyses admits the absolute purity of Vin Mariani as a preparation of true Coca leaves in a sound and nutritious French wine. As the Pennsylvania State Board of Health officially expresses it: "Vin Mariani is not a cocaine preparation, but a wine possessing the aromatic and desirable qualities of fresh Coca leaves."—*The Coca Leaf*.

Under the contract with the Wabash Railroad, by which the C. H. & D. Company runs their trains solid into St. Louis, the C. H. & D., have the privilege of issuing special baggage checks reading—"To the World's Fair Station, St. Louis, Missouri." This insures the baggage going direct to the World's Fair Station without going through the Union Depot, where it is subject to possible delays incident to the collection of thousands of trunks and to the extra expense of transfer. This is an advantage enjoyed by no other line from this territory, and will be a great convenience to the patrons of the C. H. & D. Railway.

Received sample of Ethol, and have used same on a bad case of follicular tonsillitis, with a complete cure in twelve hours. This is certainly remarkable, and am very much pleased with it. At present am using it on a leg ulcer with remarkable results, and I can heartily recommend it to the profession. H. B. HANNON, Chicago, Ills.

In speaking of the treatment of articular rheumatism, Hobart A. Hare, M. D., Professor of Therapeutics in the Jefferson Medical College and editor of *The Therapeutic Gazette*, says: "Any substance possessing strong antipyretic power must be of value under such circumstances." He further notes that the analgesic power of the coal-tar products "must exert a powerful influence for good." The researches of Guttman show conclusively that these products possess a direct anti-rheumatic influence, and among these remedies, antkamnia stands pre-eminent as an analgesic and antipyretic. Hare, in the last edition of his *Practical Therapeutics* says: "Salol renders the intestinal canal antiseptic." The statements of Professors Hare and Guttman are so well known and to the point and have been verified so often, that we are not surprised that the wide-awake manufacturers placed "Antikamnia & Salol Tablets" on the market. The Antikamnia Chemical Company, St. Louis, Mo., will send samples to physicians on application.

When the hepatic cells themselves become atrophic and lose their nerve tonicity, and refuse to respond to nature's mandate, of secreting bile, then we have a group of symptoms not unlike those of a diabetic, but the results of which would be quite different.

In this condition we have found nothing that proves itself an ideal more than "chionanthus," and we have an ethical preparation, which you all know, that has proven itself a perfect God-send in this condition, and that product is "chionia." Before the hepatic cells become atrophic and hardened, there is a stage in which the liver becomes engorged, congested, hypertrophic, and in this condition we have hepatitis, an inflammation of the cells and connective tissue, and if this continue, then the liver breaks down, atrophies and hardens. Now, chionia does not act like any other laxative or hepatic stimulant, but instead of producing a severe catharsis, it works on the inflamed cellular tissue, bringing back the liver to its former physiological condition, allaying all inflammation, and gently stimulating the hepatic cells to perform their duty. And when we add nux vomica to this ideal hepatic stimulant, we have a tonic for the sluggish liver that cannot be equaled by any other remedy. Dr. J. Will McCanness, before the *Medical Association of South Carolina*.

**PRE-SENILITY**—R—Satyria, 8 ounces; strychnin nit., 2 grains. M. Sig. Teaspoonful four times a day.

T. R. Dice, M.D., Utica, Mo., says: "Those unfortunates suffering from ailments in the genito-urinary tract and nervous system are placed under many obligations to you for your excellent preparation. Especially those suffering from prostatic troubles and cystitis. Your SATYRIA is reliable and trustworthy and will give satisfactory results when prescribed for ailments of the genito-urinary tract."



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ORIGINAL COMMUNICATIONS.

THE INDICATED REMEDY.

By J. S. Niederkorn, M.D., Versailles, Ohio.

I HAVE enough confidence in medicine to believe and to say that if a case of typhoid fever is properly treated, and the principles of specific indication and specific medication are strictly adhered to, it will become altogether unnecessary to resort to the employment of hypodermics of digitalis or strychnine, or that the exhibition of oxygen or the practice of artificial respiration or any other heroic measure, will be deemed necessary in order to save life. Typhoid fever is not such a great bugbear as was formerly supposed; in fact many practitioners express a preference to handle a patient afflicted with this disease, advancing the reason of their undisputed success.

The more I see of typhoid fever, the more I become convinced that there is too strong an inclination to hypermedicate, and it does seem that too much medicine is giving the patient but a very small chance for his life. And by hypermedication I do not only mean too much medicine, but also too frequent dosage, too powerful and dangerous drugs and too long continued treatment. I fail to see what can be gained by administering a mixture containing anywhere from three to eight ingredients in addition to another combination of equally as many constituents, besides paying so little attention to their compatibilities. What any physician of good judgment can expect to accomplish by administering such complex prescriptions, the nature of which is not understood, surpasses comprehension; and to administer such "stuff" from every fifteen minutes to an hour with a successful issue as a very natural expectation certainly also exceeds any imagination.

Let any fair-minded physician place himself in the position of consultant, and during the deliberation preceding definite conclusion he would ask the regular attendant, what has been the treatment? and the following would be the answer: "Am giving tincture veratrum and tincture gelsemium in a boric acid solution in alternation with phenacetine to control temperature; also some powders composed of calomel, podophyllin and carbonate guaiacol to cleanse and antiseptize intestines; about every three hours he has turpentine in emulsion, and this is given because I find it acts well in these cases; about five or six times during the day he gets one-half ounce of whiskey, and I have ordered that he be given a glass of hot milk every three hours; occasionally along, about once a day, he gets castor oil, and of course he is given freely of water and of lemonade." Should the consultant make any reference to this order of medication and frequency of dose, the attendant will defend himself, with a ring of self-conceit in his voice, by saying, "this has been substantially my treatment for typhoid fever since I am in the business, and I feel that I have been fairly successful."

This is not an aberration of the mind or an ingenious invention to suit the argument, but an actual occurrence, than which worse have been encountered. Is it any wonder why we hear of so many long-drawn-out cases of typhoid fever, or that the mortality rate is excessive, or that physicians, and patients too, lose confidence in medicine? Read the pages of medical journals and note the various treatments of typhoid fever suggested by medical men who stand high in their community, and then meditate, ponder! Your positive conclusion will be that this promiscuous, indiscriminate dosing of the sick will eventually cause the fact to be lost sight of that the practice of medicine is a science and an art.

Prof. Jeancon uttered substantial advice when he said, "when you are thrown upon your own resources in the medical field, do not neglect to apply freely of good, common equine sense in preference to theories and fads;" and when he added "it requires a shrewd physician to know when to give medicine, but it requires a great deal smarter man to know when not to give it," he said something the truth of which has been verified repeatedly. The employment of powerful agents, for instance some of those frequently exhibited to reduce an elevated temperature, considering the fact that nature rebels when an attempt is made to do any forcing, is a custom both deplorable and erroneous. Experience has proven that more good can be accomplished with frequently repeated small doses of coaxing than with one or two hard raps, saying nothing of the irreparable damage inflicted by resorting to the latter method. The apparently self-evident proposition that "if a little does good, more will do more good," should be seriously considered when it comes to administering medicines to the sick; and if it is a fact that in the majority of cases under ordinary conditions nature alone will throw off diseased condi-

tions, then the inference could properly be that small doses of the carefully selected and indicated remedy, frequently repeated, will prove nature's aid in her attempt to bring about restoration of health.

The custom of continuing to administer any remedy for a longer period than it is indicated just because it proved to be nature's help-maid in the restoration of health, for manifold reasons is not to be commended—it is to be remembered that the treatment of typhoid fever is here being considered. If phenacetine is administered for the purpose of reducing temperature which is above normal, and if from whatever cause the normal state of temperature is attained, then it would certainly seem to be imposing upon nature to farther exhibit the drug merely to prevent the temperature from again going above normal. If it had been considered wise to administer castor oil to cleanse the alimentary canal, to continue to give more of it after that was done would not be considered exercising good judgment. It is *not* good practice or good treatment to administer any remedy for any longer period than it is indicated. This fact seems evident—the only safe routine plan of treatment to follow is to give only such remedies as are clearly indicated; and to continue their use only so long as they are needed—a fact certainly not difficult to establish.

To exhibit as a routine certain formulæ in every case is anything else but proper and scientific—such practice can lead to nothing else but disgust and a shaky confidence in any therapeutic agent, no matter how good and true that agent really has proven itself to be. Every case of typhoid fever does not need baptisia, or sulphurous acid, or epilobium; and to combine the three and give the mixture to every case with the hope of finding one case that it will benefit certainly is doing something bordering on the ridiculous. But either one of these remedies, given singly and under well proven conditions in well selected cases, will demonstrate its efficiency. Take baptisia for an example. The condition of sepsis, accompanied by purplish discoloration of skin and mucous membranes, discharges are fetid and almost black, tongue is purplish colored and has a moist, pasty fur, there is a sweet, sickening, offensive odor of breath, all call for this remedy and it alone will correct such morbid processes. All of this shows a feeble capillary circulation and feeble vitality, which baptisia will correct. There is no *if* or *maybe* about it. All of the remedies employed by the specific indicationist have their direct indications, or at least should have, and are given with confidence of successful issue.

The study of each remedy for its own field of application is certainly not any more difficult than it is to remember the proportion of ingredients which go to make a formula to be used in a named disease, and if science and results are at all considered, the former method most certainly would have the preference. If a certain miscellaneous combination of remedies is the invariable treatment of typhoid fever—in other words, if that formula is considered to be a specific for typhoid

fever; and if another combination of drugs is considered a positive remedy for acute miliary tuberculosis, then it behooves the physician to be careful in his diagnosis and not err in his nomenclature or he would be firing away at a wrong name, it being acknowledged that such an error as mistaking acute miliary tuberculosis for typhoid fever has been made. Apparently but one fact remains—the safest method and the one which will bring about the best results is to exhibit our remedies to meet definite pathological conditions, or, as we have been in the habit of putting it, according to their specific indications. Not only will such practice prove its efficacy and readily demonstrate its exactness, but it will also convince us of the fact that we are physicians not only in title, but in reality; that we really devote our lives to a noble cause, and not go along making blustering pretences and a make-belief of our importance. The great world will only too quickly judge our profession by the manner in which we practice it; the merest tyro in medicine or the physician of mediocre ability can give medicines just to *give* them; but the medical man who has his patient's welfare at heart and who realizes that to be able to select the properly indicated remedy is a scientific achievement; he who can distinguish the indication for one remedy from the condition calling for another, is the physician deserving of respect, and is a credit to himself and an honor to his profession.

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#### MORBILLI MALIGNANS.

By Walter S. Bogart, M.D., Cleves, O.

WE have just been through an epidemic of measles. In my official capacity, I have had the opportunity to see nearly all of the 85 cases reported during the past five weeks, as nearly every mother will invite the health officer to "look at her children and see what he thinks of them." Of course I have taken care to not infringe ethically on the rights of the attending physician.

In a town of 2,000 or less, 85 cases of one ailment in 5 weeks time, offers a heavy percentage. However, it is to the nature of the epidemic and our treatment of the disease that I wish to mainly confine myself.

With the opportunities I have had, I will say that fully 75 per cent. of the cases developed into morbilli siderans, and about 25 per cent. of the whole offered the ensemble of morbilli nigra. Many anomalous symptoms were evident. I give below the complications met with by us, and, while not all presented the entire group the main complications prevailed.

The eruption varied from discrete crescentic patches in mild cases, to confluent purplish blotches, in many instances no normal surface being apparent. In the most malignant cases, the extravasation of blood from the mucous membrane blackened the lips, nostrils, etc. The eruption completely covered the lining of the mouth and pharynx, seeming, by indications, to extend to the ears, and trachea. Sordes

appeared in many cases, with swelling and puffing of the lips, tongue and skin. In severe cases the conjunctiva was so affected that a purulent discharge would seal the swollen lids. The rash very rarely receded the third day, the average duration being about five days; in the case of two adult sisters persisting until the tenth day. Another peculiarity was that a number of pseudo-recessions preceded the final recession in many cases, while in some instances the complete eruption re-appeared four or five days after desquamation had begun. Desquamation was more marked than I had ever before seen it.

The temperature ran to 105° or higher, and did not nearly always decrease at maturation. In many cases it remained stationary at 104° to 105° for 5 to 6 days with frequent exacerbations during the recession of the rash.

Delirium was common to all the malignant cases; in one of them developing into violent mania. In others coma supervened.

The usual catarrhal symptoms were virulently aggravated, the patient for days expectorating solid chunks of greenish matter the size of the first phalanx of an adult finger and of the consistency of dough. Another catarrhal complication was dysentery which set in the second or third day of eruptive stage and persisted until checked by medication. Coincident with the purging was emesis. A clearer conception of this complication will be offered when I state that I was called at 2:30 a. m., to one case which had been retching and purging every 10 to 15 minutes for 8 hours. Afterward I offered the warning in all instances to notify me as soon as gastric symptoms developed. Another complication, probably dependent on tracheal involvement, was great dyspnoea which began and continued from the height of eruption to complete recession.

Eustachian involvement caused deafness in a number of cases, which was relieved with the disappearance of the rash. In the very malignant cases aphonia occurred early and persisted after recession and until remedied by medication.

Among the sequelæ which occurred were hordeola, carbuncles, phlegmonous tonsillitis, suppurative otitis media, and pneumonia. In none of our patients did this last occur. I submit briefly our treatment, without comment, as my associate, Dr. Cooper, and I treated nearly one-half the entire number of cases with 100 per cent. recoveries. In the first stage, to develop the eruption we gave *sp. aconite* and *sp. pulsatilla* in combination, varying the dosage, as with all the remedies, to suit the age of the patient and the disease intensity. For the sepsis, *sp. echinacea* and *sp. baptisia* were combined. To reduce the temperature the tepid alkaline baths were employed, no direct sedative being administered.

For the delirium, *sp. gelsemium* and *sp. pulsatilla* were given in large doses. For the mania, *chlor. hyd.* was combined in solution with *pot. brom.* so the patient received five grains of each at a dose. For the coma, *sp. belladonna* was resorted to.

The dysentery was controlled by the administration of a powder consisting of diaphoretic powder and bismuth sub. nit. of each 3 to 5 grains. In mild cases, the vomiting was overcome by a codeine solution which contained 1-16 grain per drachm dose. The severer type was checked by the use of a powder made by combining bismuth sub. nit. gr. v and morph. sulph. gr. 1-60: one of these at each dose.

Nothing short of vinegar vapor inhalations relieved the dyspnoea, and this method succeeded in all cases.

The aphonia and coincident suppurative condition of the faucial and pharyngeal walls were treated successfully with the following prescription: Sp. phosphorus, gtt. xxx; Sp. Sanguinaria 3 ss—more or less; Sp. Veratrum gtt. iv-v. Aqua q. s. ad. 3 iv.

We employed mustard, either dry or in hot water, as a local application to the extremities and spine to overcome the condition of vascular stasis evidenced by cold clammy extremities and stupor.

Home remedies were resorted to in most instances for the many sequelæ, as often no physician was called. Sp. echinacea and sp. physalis were given for the quinsy.

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#### SHOULD THE GENERAL GOVERNMENT DISTILL AND DISPENSE ALL ALCOHOLIC LIQUORS?

By Floyd Clendenen, M. D., La Salle, Ill.

THIS question is of vital importance and is attracting the attention of sociologic minds throughout the entire country, not only as a sanitary question but as one of financial interest as well. And the time is not far distant when this question must be met and dealt with by the strong and just hand of the general government without evasion or equivocation. The too free use and indiscriminate sale of intoxicating liquors is having a very deleterious effect not alone upon the health and morals of the present generation, but it has also a far reaching financial interest through increasing taxation. Where, may we ask, is the physician of much practical experience who has not been called many times to treat children even under twelve years of age who were suffering from delirium tremens? Cases of this diseased condition in persons under twenty years of age are numerous. The foregoing is true, notwithstanding the fact that most, if not all of the states have laws prohibiting the sale of intoxicating liquors to minors; sensibility having become so dulled that the laws are not enforced even by those whose sworn duty it is to do so. It is a fact that can not be successfully denied that the indiscriminate sale and use of intoxicating liquors as a beverage has and is now causing directly and indirectly more suffering, crime, insanity and increasing taxation than all other evils taken together. And all this in our boasted age of knowledge, refinement and high civilization. This evil fills our almshouses, quadruples the work of criminal courts, fills our prisons, hospitals and insane asylums, quadrupling taxes, and its terrible effect

on public morals can be better imagined than expressed. This foregoing state of affairs can and should be prevented and still give us all the alcoholic liquors needed for medicinal, mechanical and scientific purposes. We are not in favor of prohibiting the manufacture of liquors, but we would stop its sale as a beverage. How this much needed object is to be reached, we shall show later on. First, however, we shall show, briefly, some of the evil effects of intoxicating liquors upon the human brain. In the line of official duty we have made an autopsy *cadaveris* on many subjects where the individual, during life, had been an habitual drunkard and in *every* instance we found the pia mater, dura mater, and arachnoid firmly united together and the whole strongly attached to the skull, the convolutions, sulci or fissures of the brain being tightly impacted beneath the membranes spoken of with a thick muco-plasma not unlike a jelly made from green grapes; causing internal cranial pressure more particular upon the cerebral cortex, i.e., the gray matter upon the surface of the brain which is the seat of mental activity. This pressure caused a constant irritation, producing congestion which resulted in inflammation which caused this unhealthy condition of the brain spoken of above. We can very readily see that the person whose brain was in the condition as above given could not be of sound mind.

A man who, in sound health, might have been a good honorable citizen, may in this condition of his brain easily become even a murderer and we should consider him not entirely responsible for his acts, especially so when excited. But he should be restrained behind prison bars until his brain had regained something of its normal condition.

To make our theory better understood and to better demonstrate our idea and its feasibility we will call attention to the fact that the general government so strictly guards our postal laws that no citizen or corporation can send a letter by private conveyance past a post office, unless he places a postage stamp on such letter, without subjecting himself to a heavy penalty. Nor can any one whomsoever coin money, though he may place in such coin, more precious metal than is contained in the government money of like denomination, yet he is held to be a counterfeiter and is liable to severe punishment.

OUR PLAN? We propose that the general government shall enact a law making it a penal offense for any one except the government to distill or in any way dispose of any alcoholic liquors except he be an authorized agent of the government for the sale or distribution of such liquors in a legal manner. We would also have the government establish a commissioner for the sale of such liquors at all places where there is a post office or postal station; such commissioner to be empowered to administer an oath, also to keep a record of the amount of liquor sold, to whom, and for what purpose. The purchaser to subscribe to an oath that he will not use or permit such liquor or any part of it to be used as a beverage; that he will not use it for any purpose whatsoever except for that which he states on oath,



which must be either for medical, mechanical or scientific purposes; that he will not give or in any way permit any portion of said liquors to go into the hands of any person whomsoever. We would empower the commissioner to refuse to sell any liquor to an habitual drunkard or to any person who he may have reasons to believe would use or permit its use as a beverage. And furthermore the commissioner to sell to any one person the smallest quantity possible for such stated use in one day. A law enacted and enforced along the lines we have designated above would at once settle the bad features of the liquor evil and yet give us all the pure liquors needed for all proper purposes. It would reduce crime, pauperism and the social evil to a small fraction of their present proportions. A drunkard would soon be unknown. Half-starved, poorly clad wives and children would be practically a thing of the past. Health and happiness would be found in the place of squallor filth, crime and misery.

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#### OUR OWN MEDICINES.\*

By S. M. Sherman, M. D., Columbus, O.

**T**HERE are at least two things of which the Eclectic school of medicine has a right to be proud: One is the abundance of its resources in the way of medicine, which have been brought forward and developed by it; the other is the scientific exactness with which we are able to use most of them. We have medicines with which to successfully combat every curable diseased or deranged condition of the human system, and while we are curing the disease we do not lose sight of the welfare of the patient, but sustain and strengthen his vital powers, so that when the disease is conquered he is able to go on to perfect recovery.

With our medicines of definite strength and known properties, we can enter the sick room with confidence. An examination of symptoms in the case will indicate at once the remedies to be used. If our observation is correct and we have interpreted the symptoms aright, we are as sure of success as it is possible to be.

I believe that a physician trained in Specific Medication and Specific Diagnosis (which is the Eclecticism of to-day) can practice medicine with more confidence and less misgiving as to the outcome of his cases, than he of any other school of medicine. We need not be carried away by the fads that arise for the treatment of this and that disease, for unlike some others we are not doubtful and dissatisfied with our own treatment and ready to grasp at any new thing that may be strenuously advocated by the overzealous theorist of some hospital staff, but have proved time and again that our medicines are pleasant to take, certain in their action, and above all else are not injurious, as we use them.

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\* Reprinted from Transactions National Eclectic Medical Association, 1903.

I do not mean that we should fail to investigate new things in the way of treatment, and keep abreast of the times, but that we should at least not become infatuated with the new things to the neglect of the old, which we know are good, and may indeed be very much better than the new.

We want the best of medicines for our patients, and should carefully study each new agent, and if it is found better for the conditions present than our indicated remedy, of course we will adopt it.

My fellow members who were in practice when acetanilid was introduced, will remember the eagerness with which the new antipyretic was taken up, because of its great power in reducing temperature, and how freely and indiscriminately it was prescribed in all cases presenting fever.

They will also remember seeing many patients greatly cyanosed, covered with a clammy sweat, and with heart weak and slow. Many of these unfortunates died from what was called heart failure from grip when the true cause was acetanilid poisoning. This is only one of many similar instances that could be cited, and should be a warning against too readily adopting unproved agents. We should *study* our own medicines with a view to bringing out all the virtues in them, and fixing the indications for their use, to a certainty.

It is our aim to establish beyond a doubt, the case in which a medicine will be the one especially demanded by the system to aid it in eliminating the disease.

We believe that certain symptoms show what this needed medicine is, and when we have seen the benefit result as expected time after time, we know we have established a specific indication for that medicine. Our brethren of the orthodox school have many good medicines, and some of them know from personal experience when to give them with certainty, but they have not formulated definite symptoms by which a beginner can be sure he is giving the medicine best suited to the case.

We are so far ahead of them in this matter, that many of our opponents use our specific medicines and are guided by the indications which accompany them, thus unintentionally acknowledging the superiority of our system of practice over theirs.

We should dispense our own medicines to protect ourselves against substitution, for the specific medicines we are used to, are not like ordinary preparations usually kept in drug stores, and the druggist not being aware of the difference is apt to use something else, and we will not get the expected result, while if we fill the prescription ourselves we are certain the patient gets what we have prescribed and can count on the effect.

Another reason why we should dispense our own medicines is that the patient is spared the annoyance and delay of sending to the pharmacy for it, and he gets the medicine needed at the time it is indicated. Then, when he has recovered there are no prescriptions left to be

handed around to friends who think they are afflicted the same way, and wish to avoid a fee.

The friends may not need the same medicine at all, yet they will often get the R which did the patient so much good refilled, and after finding it does not help them, may cast reflections upon the doctor. By doing his own dispensing the doctor saves his reputation from being injured by these people. It is very much better for each person who needs medicine to go to a doctor and have his case properly treated, than try to treat himself—better both for him and the doctor.

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#### MASTOIDITIS.\*

By J. P. Harbert, M.D., Bellefontaine, Ohio.

**ETIOLOGY.** Primary mastoiditis, although uncommon, will occasionally be met with, and may be caused by traumatism or follow an exposure to cold. It may also be the result of syphilis, a gummatous deposit occurring within the process and subsequently breaking down in the characteristic manner.

The tubercular diathesis will occasionally manifest itself by an inflammation of this process. A diffuse external otitis may cause a mastoiditis, as also may a circumscribed inflammation of the posterior wall of the canal by contiguity of tissue. Generally, however, mastoid disease is a complication of middle ear disease, and chronic suppurative tympanitis the most common cause.

A simple catarrhal inflammation of the tympanum may involve the mastoid process, but does not usually do so, and when it does, the inflammation has been intense as a rule from the start, involving the antrum and cells by direct continuity of tissue. Particles of pus may be carried into the antrum by forcible inflation, and there set up an inflammation similar to that already existing in the tympanum.

**PATHOLOGY.** The disease may be limited to the membrane lining the pneumatic spaces, to the periosteum of the cortex, or both membranes, and the bone itself may be involved. In the acute form of the disease, especially when resulting from an acute middle ear suppuration, all the structures mentioned are usually involved. Where the acute inflammation has subsided without suppuration, deposits of new osseous tissue may occur, without necrosis or caries, converting the entire process into a mass of compact bone, obliterating the pneumatic spaces and having an ivory like consistency.

Again, local necrosis may occur, when if confined to a limited area, the disintegrated tissue is discharged as pus, which if moderate in quantity may find free drainage through the external auditory canal, producing a copious otorrhœa.

Pus may find its way from the antrum through a fistulous opening in the cortex and collect beneath the periosteum where it may rupture

spontaneously, forming a post aural abscess. Again, a fluctuating swelling may appear over the digastric fossa, or in the deep tissues of the cervical region, indicating the rupture of the cortex and release of pus. Or the least resistance may be offered by the posterior wall of the bony meatus and the fluid spontaneously evacuate itself into the ext. auditory canal. Rupture may occur into the groove lodging the lateral sinus, and thus the posterior cranial fossa may be invaded by the purulent discharge.

Lastly the roof of the tympanum or the antrum may be penetrated and an abscess produced beneath the dura mater, a local pachymeningitis limiting the disease; or meningitis both at the base and convexity of the brain, or brain abscesses may occur, as well as sinus-thrombosis and pyæmia.

Infectious material may also gain entrance to the intracranial contents through the free anastomosis which exists between the blood vessels of the dura and the perioranium, no rupture of the bony structures having occurred.

**SYMPTOMATOLOGY.** The prominent symptom met with in acute cases is intense pain, involving the mastoid, and often the whole side of the head, becoming more violent and exhausting as the disease progresses. It is of a dull character, deep seated and constant, and worse at night. A change in the character and location of the pain from the middle ear to the mastoid is an important symptom following acute tympanitis. A marked diminution in the quantity of the discharge, with absence of evidence of corresponding improvement in the patient's general condition and appearance, and with an increase of pain, should always excite one's suspicions of mastoid involvement. The pain may not be severe nor localized, but there will be a diffuse headache, particularly annoying at night and preventing sleep.

Constitutional disturbance soon follows, the tongue is furred, pulse accelerated, and temperature elevated two or three degrees. Occasionally cases occur in which extensive destruction takes place, and yet the temperature will not point to serious wrong. Tenderness on pressure over the mastoid, redness and swelling, are present, especially if there is periostitis. Tenderness is usually most marked directly over the antrum and close to the posterior margin of the canal, but is sometimes most evident at the tip of the process. Difficulty may be experienced in moving the head from side to side, especially in children.

Where periostitis and cedema take place, the overlying structures become greatly swollen and the auricle projects prominently at a right angle to the side of the head. Fluctuation denotes either a subperiosteal abscess or the spontaneous evacuation of the purulent contents of the mastoid. Swelling and congestion of the superio-posterior wall of the canal is present in most cases, limiting the view of the tympanic membrane to a very small portion or, entirely obscuring it. The tumor will be found very sensitive to pressure, while the canal will be found normal in other situations.

After the acute stage is passed, and in the more chronic form of the disease, pain is not always present. The patient will then complain of a sense of fullness on the side affected, be restless and sleepless, and the pain, if any, is of a dull aching, character. Tinnitus is usually very annoying and constant. Thus the inflammatory process may continue for several weeks, varying in severity from time to time, and should be watched closely.

Intracranial involvement will give rise to symptoms peculiar to the region attacked. In sinus thrombosis the intermittent elevations of the temperature during the day are the most characteristic evidences of an infectious thrombus. Marked evidence of sepsis appear, the tongue becomes furred and dry, the pulse feeble, and the intellect dull. When the lateral sinus is involved, the thrombus frequently extends downward into the internal jugular vein, giving rise to tenderness on deep pressure along the course of this vessel.

Nausea, vomiting, intense headache, photophobia and a constantly high temperature are evidences of a diffuse meningitis. Insomnia and restlessness will be present in adults, but frequently coma occurs in children. Commencing optic neuritis will often be discovered by the ophthalmoscope.

An extra dural abscess will give rise to localized headache, some fever, giddiness, and vomiting, and later in the course of the disease, to paralytic symptoms.

Cerebral and cerebellar abscesses are the result more often of a chronic rather than an acute suppuration of the middle ear. They give rise to chills, loss of appetite, depression, dullness, tenderness on percussion, disturbances of vision and speech, and slow pulse. Pain is usually lessened and a general headache ensues. The temperature is usually normal or slightly elevated. Failure of the patient to improve, and with sleepiness and dullness and progressive hebetude, should be suspected even in the absence of other marked symptoms.

**DIAGNOSIS.** In acute cases severe pain, especially at night, and in chronic cases a dull pain and sleeplessness will be marked evidences of this disease. Tenderness on deep pressure over the mastoid and bulging of the postero-superior wall of the canal will be two symptoms, which, if found together, will leave little room for doubt. Evidences of impaired nutrition and persistence of the discharge will aid in forming an opinion in chronic cases.

**PROGNOSIS.** Acute uncomplicated mastoiditis, if seen early, will usually terminate favorably. Following a chronic purulent inflammation of the tympanum the prognosis should be guarded. After extensive destruction of bone has occurred, or intra-cranial complications have manifested themselves, the outlook is unfavorable without an operation.

**TREATMENT.** At this time we will consider only the local and internal treatment and the management of a case of mastoiditis, suggesting as early as we can when operative interference will be found ne-

cessary, and leave the operation itself to be considered at another time.

All cases of mastoiditis whether mild or severe should be confined to bed. No doubt some cases recover uneventfully that are allowed to be up and around and even attend to business, but rest in bed is much the safer plan, and subjects the patient to much less danger of serious complications.

Immediately on recognizing a case the bowels should be thoroughly opened, the diet restricted to light, nutritious foods, and the patient put in the best possible hygienic condition.

At the very outset of the disease cold may be applied locally to the mastoid process by means of the Leiter coil, or crushed ice pack, or ice bag. This must be continued for a few hours only, and in most cases by the time the physician is called, cold will not be advisable. Its use may abort an attack if used early, but in no case is it to be used after exudation has taken place. It will give relief from pain and thus mask important symptoms and cover up the real condition. Besides it can not help but interfere with the process of repair and tend to induce necrosis.

Dry heat to the mastoid ear and side of the head, will be the local application most often indicated when our patient is first seen, and if there be any doubt as to what to use, heat can not possibly do any harm. Its use relaxes the blood vessels, stimulates the absorbents, and if the effusion be not too great, will remove it through the blood vessels and lymphatics. Heat may be applied by means of the hot water bottle, hot salt bag, Japanese hot-box or hot flannels taken off a hot iron and changed every few minutes.

Paracentesis of any bulging portion of the tympanic membrane should be performed, and the incision should be quite extensive and be continued out along the postero-superior wall of the canal for about a quarter of an inch. Any existing perforation should be enlarged if not already allowing free drainage. These incisions tend to close readily and may have to be repeated.

Irrigation of the canal with sterile hot water every two to four hours, owing to the amount of discharge, will be a great comfort to the patient and add materially to a happy termination. Boric acid or bichloride of mercury may be added to the solution if desired.

The naso-pharynx should be kept in as nearly an aseptic state as possible, and to this end sprays, douches and gargles of an alkaline antiseptic nature may be used.

If fluctuation occurs at any point, the pus should be liberated by a free incision, the parts irrigated with a mild bichloride solution and a strip of gauze carried into the wound to assist drainage. This dressing should be made as often as is indicated by the quantity of the discharge, under strictest aseptic conditions.

Anodyne solutions instilled into the canal, used hot, and frequently repeated, may give some relief from pain. Solutions of chloroform, belladonna or plantago may be tried.

**INTERNAL TREATMENT.** Specific aconite will be indicated in the first stage and should be continued for 24 hours or 48 hours in the usual small dose.

Specific belladonna in the first stages of the disease will be often called for by the dullness, dilated pupils, and impaired capillary circulation. This remedy is credited with having accomplished a great deal in early mastoiditis by some writers. It may also be used locally in the ear on cotton.

Specific phytolacca will be useful in cases having enlarged tonsils and bad throats, with sluggish lymphatics.

Specific pulsatilla for the nervousness and anxiety. It will also modify the discharge and has a curative influence on the mucous lining of the middle ear.

Specific bryonia will relieve the headache and neuralgic pains through the ear and side of the head.

Specific capsicum is used very largely by some specialists with success. It is used before suppuration has taken place and a great deal is claimed for it by the Homœopathic school.

Calcium sulphide in the later stages of the disease will be useful.

Other remedies may be called for by specific indications. In the beginning it may be necessary to use Dover's powder or morphia hypodermically, to relieve the intense pain. The use of either is not to be considered good treatment, however, and especially after the first few hours of the disease.

These means failing after thorough trial, our patient not improving, or going from bad to worse, evidences of cranial complications, sepsis, and the general depressed condition and appearance of our patient, will demand operative interference according to the requirements of the case and existing circumstances.

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### CHILDREN AND THEIR DISEASES.\*

By Florence Tiplitt Duvall, M.D., Atlanta, Ga.

**T**HE artist's eye has been charmed by the dimpled beauty of childhood, the philosopher has been constrained to meditate upon the guilelessness of the man ungrown, and the educator has given his powers to the development of that wonderful thing, the unfolding intellect of a child. To the physician comes no less a wonderful study,—that intricate structure, the physical make-up of the child, upon whose right life depends beauty of appearance, the highest moral perfection and the complete development of the intellect.

The physician can consider no subject more interesting and certainly none more important than that of children and their diseases. The helplessness of infancy and honesty of childhood attract us to

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the little folks, and many are the delightful acquaintances made by the doctor among the boys and girls whom he meets in his round of calls. His weary journey is made cheerier and happier by contact with the children, and his heart more tender by the ever ready, familiar, "Hello, Doctor!"

We are honored with the privilege of introducing these small creatures into the great world where they are to make their record. We follow them from year to year with interest and see them reach manhood and womanhood with a deeper interest than if it had not been our privilege to first "set eyes on them."

So we become greatly interested in their peculiar ailments. When called upon to treat these little men and women we must pursue a different plan in some respects than that taken with the adult. First, we must gain their confidence, and this requires much tact on the part of the physician. There are so many ways in which the little fellow may be approached, so many different methods whereby he may be led to dismiss his fears and "tell the doctor what is the matter." This is an all-important matter, for we must guard against nervousness and restlessness which tend to make our investigations uncertain, to say the least.

When once gained, the confidence of our little patient is everything, and his own story told in his own way becomes a matter of prime importance. The adult may tire us with a long harangue having no special meaning, and we are sometimes justified in regarding the statements of our older patients with a (very) moderate degree of incredulity. So many are given to exaggeration and so unreliable are many of the statements, that we at last have to form an opinion from what we can gather ourselves through our own resources. In the words of a famous old physician, "My practice among children is my most satisfactory work, because," said he, "they never lie to me." But if from any reason they are unable to give us their symptoms we must look to the mother or nurse for a history of the case and presenting symptoms. The words of the mother, if carefully weighed and considered, are of great value, but outside of the previous history, the best study is the child himself.

And here we may learn important facts while the little one sleeps. In fact, this is our best opportunity. We sit by the bedside; we note his position in sleep, his peaceful slumber or restless tossing, his quietness or his delirium, his regular breathing, or his hurried, labored respiration, the heaving chest or its strictly normal rise and fall, the calm expression of countenance or the pinched, anxious features, the closed lids or the half-open eyes, the head pillowed quietly or tossing to and fro, the hands folded calmly or wandering here and there, pointing to the seat of trouble even in sleep. In fact, we are taking note of all these things, and if we are wise and careful we have abundant material from which to form a correct diagnosis.



Having received all helpful information, and by inspection carefully studied our patient, we may analyze his symptoms carefully.

**Temperature.**—This is liable to great variation. A little cold or nervous disturbance will cause the temperature to rise to a much higher degree in the child than we should find in the adult from corresponding cause. But it declines quite as rapidly as it came up. Thus our little patient may have a temperature of  $103^{\circ}$  to  $105^{\circ}$  at night, while the next morning may show an almost if not quite normal temperature.

**Pulse.**—The above may apply to the circulation also, great increase from slight causes and sometimes great rapidity of action.

**Respiration.**—This is an item of even more importance than in the adult. With increased temperature and accelerated pulse, we find a corresponding change in the character and rapidity of the breathing. Even with a slight cold the respiration may run up to 30, 40 or 50.

**Digestive Apparatus.**—The condition of the digestive tract is a matter too often underestimated. The tongue, with all its changes in form, color, coatings and conditions of dryness and moisture, gives us a better story than if it formed words into sentences and expressed its meaning in that way. Vomiting is an important symptom which must not be overlooked, the character of the vomited matter demanding especial attention. And we must not forget that the act of vomiting is often merely the effort to empty an overloaded stomach.

The character of the stools, their consistency, composition, color, etc., are of much help in understanding the disturbances that are producing the trouble.

The character and composition of the vomited matter and the stools are all-important in deciding the great question of what shall be fed the child. The question of food is a vital one. We do not realize sufficiently sometimes how important it is, and not only in connection with disease and diseased conditions, but it is vastly important as a preventive measure.

To keep a child well and prevent disease is a far greater matter than to right wrong life after it once exists. Of far more value is the physician's advice which shall maintain perfect health than all the doses which he may administer in time of disease.

The urine should be examined and considered both as to quantity and quality, as it reveals to us not only the condition of bladder and kidney, but the general systematic condition as evidenced by deposits.

Now as to these lesions known particularly as the diseases of childhood. The exanthemata form an interesting group, and no physician should be lacking in his knowledge of these, as differential diagnosis is a matter of prime importance. In this connection let me speak of a condition which is sometimes puzzling, and on first sight gives the impression of an eruptive fever, which impression is dispelled by subsequent results, I refer to that vivid red appearance (literally "red

as a lobster") which is due to disturbances of the digestive apparatus.

To distinguish whooping cough from other coughs of a spasmodic nature is not always easy, and demands careful study and attention.

The diagnosis of croup is not an easy matter at all times, and yet it is vastly important to know which form we have to deal with.

Nor is it an easy matter to say whether a certain case is one of diphtheria or ulcerative tonsillitis, and yet of how much interest to us are the points of differential diagnosis, not only as to prognosis but as a matter of quarantine or not quarantine.

We have made a mere outline not of treatment or management, but touching a few of the points to be remembered in connection with the troubles of childhood.

We will do well to consider these and a multitude of other items concerning the diseases of children, inasmuch as so large a part of our practice is among them.

By noting carefully the history of the case and taking cognizance of the presenting symptoms, we shall be able to diagnose and treat successfully the ailments of infancy and childhood with even more certainty than those of adult life.

Great is the field which opens up before us, the labor in it is delightful and profitable, and no more responsible position can we occupy than when these little charges are given into our care and keeping. And surely none of us can ask for a more beautiful faith than that of Jean Paul Richter, who summed his creed in six words: "I love God and little children."

#### MY TREATMENT FOR EPILEPSY.

By Lee Strouse, M. D., Covington, Ky.

IN October, 1897, a Mr. Hill came into my hands for treatment for the above named complaint. He had been a clerk in the Alms Hotel on Walnut Hills, Cincinnati, Ohio, and elsewhere, mostly night work.

He was found, late one night, in a pool of blood, having fallen from a high stool at his desk in the office. In a few days the attack returned, each recurrence producing insensibility for a half hour or an hour. During treatment from different physicians, the attacks increased in severity, duration and frequency, until he was compelled to give up his position for other vocations, and in turn to give them up.

Several physicians had treated him but he continued to grow worse until he could do nothing but sit around and wait for the attacks to come and go. Two and three every twenty-four hours had been his gait for a month, until he finally drifted to Covington, Kentucky, and fell into my hands.

I gave him as follows:—Gelsemium, veratrum; specific aa. 3 j; ammonium bromide 3 ij; aqua q.s. 3 iv. Sig. A teaspoonful before each meal and on retiring. Podophyllin (Brown) sufficient to move

bowels once or not more than twice a day. Light and nutritious diet, a food easily digested, coffee and meats being excluded. I was called while he was in a spell, and subsequently received the above history. Treatment began that night, and continued.

It was six weeks before he had a recurrence, and that was on election night, when he drank coffee and ate sausage and beef steak. It was next about three months before he had another recurrence, again due to eating. The treatment was gradually lessened as he improved, he took up outdoor work, and to date has had no return.

CASE 2.—Mrs. E., a widow, lived in Covington, Kentucky, for years, rearing a family of three daughters. The loss of her life companion at the period when most needed brought about epileptic convulsions. Sometimes she would fall upon her face, or turn upon her face at night in bed, yet in the day time a slight warning would prevent any injury. She had been the rounds of doctors until she gave up in despair. A daughter was a music teacher employed by one of my patrons; she incidentally spoke of her mother's condition, and was told by the lady that I had successfully treated a similar case. It was five years after the attack when she consulted me.

The treatment given was as follows: R—Gelsemium, veratrum, specific medicine, *aa.* 3 ss; ammonium bromide, 3j; aqua dest. q.s. 3 ij. M. Sig. One-half teaspoonful before each meal and on retiring.

R—Podophyllin (Brown) and capsicum, *aa.* grs. vj. fiat; capsules, 24; one night and morning, or not so often, as needed, sufficient to move bowels once, and not more than twice a day.

The above was refilled as needed on the following dates: Feb. 23, March 12, May 1, June 18, August 24, 1903. I directed her to lessen the medicine as the trouble grew less. She has gained in flesh, has the best of health, and has had only two light attacks since she began taking the above treatment.

The two cases just narrated are the worst that have come under my professional care, and the outcome is perfectly satisfactory. I have had a number of other cases of less severity, and have pursued the same line of treatment in all, with results satisfactory both to the patient and myself. I vary the medicine according to the frequency of attacks.

Constipation is usually present, for which I think there is nothing better than the prescription of podophyllin and capsicum, just enough to move the bowels once or twice a day.

A light, but nutritious diet and out-door exercise is essential. The patient should stop tea and coffee altogether, drink cocoa, water and buttermilk, eat very little meat, and this should be stewed, well done.

I believe that the results in the above cases were due to the use of specific medicines. They are the only medicines I use.

## EXAMINATION QUESTIONS.

Used at Ft. Worth, Texas, October 13 to 15, 1903.

[Concluded from page 211.]

## GYNECOLOGY.

1. Give the blood and nerve supply of the uterus, ovaries and vagina.
2. What are the means used in examination of the pelvic organs of the female.
3. Describe the preparation necessary for an aseptic gynecologic operation in private practice.
4. Give the etiology, pathology, diagnosis and treatment of vulvitis, pruriginosa, or pruritus of the vulva.
5. Give the pathology, symptoms, prognosis, complications and treatment of specific vaginitis.
6. Give the subjective and objective symptoms of imperforate hymen. Describe the operation for its relief, and the dangers attending or following operation and after-treatment.
7. Give the ascribed causes of calculus in the female bladder. The most common varieties, and the different methods of treatment of the same.
8. What are uterine fungosities; symptoms and technic of treatment?
9. What are the most common benign growths found in the cavity of the uterus; causes, symptoms and treatment?
10. Give the causes of retroversion and retroflexion of the uterus. Give the differential diagnosis between the two—the treatment of each.

## SURGERY.

1. Give the rules to be observed in administering a general anesthetic.
2. In case of threatened death from general anesthesia, what measures should be instituted?
3. Describe an amputation of the middle third of the thigh, and the antiseptic precautions before operation.
4. Under what circumstances should you operate in a case of gangrene?
5. Under what circumstances should you operate in a case of appendicitis?
6. Give the different varieties of stricture of urethra and methods of treatment.
7. Classify the different dislocations of the hip joint and treatment of each.
8. Give different methods of arresting arterial hemorrhage.
9. Give different methods of treating hemorrhoids.
10. Give diagnosis and treatment of fistula in ano.

## EYE, EAR, AND THROAT.

1. Give diagnosis and treatment of iritis.
2. Give diagnosis and treatment of acute glaucoma.
3. Give diagnosis and prognosis in recurrent fibroma of nose.
4. Give etiology and treatment of mycosis of external ear.
5. Give diagnosis and treatment of mastoid disease or suppurative otitis media.

## HYGIENE.

1. At what temperature would you keep a sick room, and how ventilate it for a patient with pneumonia?
2. Give details of fumigating a room recently occupied by a patient with scarlet fever, with sulphur and with formalin.
3. In hospitals, prisons, etc., what should be the minimum number of cubic feet of air space allowed for each occupant?
4. How soon should a child be allowed to return to school after having had scarlet fever?
5. What is the best general method of purifying drinking water?
6. Where is the contagion of typhoid fever found, how carried, and how is the spreading of the disease prevented?

7. At what temperature is it necessary to heat milk to sterilize and Pasteurize it?
8. Below what degree of temperature is it necessary to keep milk to prevent its souring or "turning?"
9. What per cent. of the oxygen inhaled is consumed during an ordinary inspiration?
10. What per cent. of carbonic acid gas is there in exhaled air during ordinary respiration?

## MEDICAL JURISPRUDENCE.

1. Of what does medical jurisprudence treat?
2. What do you understand by the term "medical expert?"
3. State the difference between criminal and civil malpractice.
4. Give in detail the duties of the practitioner who is called to inspect a dead body.
5. What precautions are absolutely necessary to make a physician's testimony of value when vomited matters, medicines, articles of clothing, blood-stains, or any part of the human body is committed to his care for inspection or analysis?
6. Name some of the violent causes of death.
7. Give in detail the conditions which would warrant the induction of abortion by the practitioner.
8. At what stage of intra-uterine life does the fœtus become viable?
9. What are the evidences of a live birth subsequent to respiration?
10. Define the word "insanity."

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## SETON HOSPITAL REPORTS.

PROF. L. E. RUSSELL, SURGEON.

CASE 70.—This young lady, eighteen years of age, has been a cripple from childhood; the deformity designated as knock-knee, or genu-valgum, increasing as years advanced. The weight of the patient, and the attempt of using the limb, each year has more and more intensified the deformity, until at the present time the foot is so diverted from the normal line that the patient is unable to walk except with the aid of two crutches.

We shall to-day attempt to correct this deformity, which is so marked by the lengthened inner condyle and the shortened outer one, by the most approved methods of surgical procedure, namely the advancing of the shortened outer condyle, and the retraction of the inner, will be corrected by introducing this sharp chisel an inch above the tubercle of the inner condyle, and with the leg flexed upon the thigh, the thigh flexed to the body, with the outer part lying upon a sand-bag at the edge of the table, and with the heavy steel rail we shall drive the chisel down through the femur, making a transverse incision through the inner two-thirds of the bone; after which we shall attempt to produce a green-stick fracture, bringing the leg in line with the normal one on the opposite side. We now have the limb straightened, and to all appearances normal. The knee joint has been undisturbed, therefore we shall expect it to perform its normal function in its new relation.

The limb will now be encased in plaster-paris, the bandage beginning across the instep of the foot, and extending up the thigh to its upper third. In ten days or two weeks we shall allow the patient to commence walking with crutches around the house; but before doing so we shall take an x-ray of the femur to see that the bones are in proper apposition. \* \* \*

This x-ray plate, taken ten days ago, following the deformity, shows the chisel marks extending a little beyond two thirds the thickness of the femur; and it shows also the lines normal in regard to a normal position of a useful limb. Since taking the shadowgraph the patient has been allowed each day to use the limb with moderation, and there is every prospect of a perfect recovery.

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CASE 71—Mrs. M., referred to the clinic on account of an extensive sloughing of the vesico-vaginal walls, making an opening through the bladder so that three fingers could be thrust within the vesicle, has consented to present herself to this clinic for an abdominal hysterectomy; with the intent and purpose of the operator to reflect all of the peritoneal covering of the uterus downward, and into the vagina, for the purpose of making an anterior vagino-vesical wall. This latter operation will have to be performed after the patient has fully recovered from the abdominal hysterectomy. I shall attempt the completion of the operation in about three weeks; this major operation being the first step necessary to secure enough tissue for the plastic operation upon the vesicle.

NOTE—Ten days following the abdominal hysterectomy the patient's temperature is normal; notwithstanding the fact that there has been a constant dribbling of the urine, yet there has been no septic condition at any time; and the primary step in this operation gives promise of success.

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CASE 72—Mrs. C., aged 48 years, kindly referred to us by Dr. J. A. Pryor, of Patriot, Ind., on account of a greatly enlarged and hardened mass in the central abdominal cavity. The diagnosis in this case is uterine fibro-sarcoma.

An incision from the left of the umbilicus, extending to the pubes and into the abdomen, brings into view a large, bluish, glistening mass. The abdominal walls are now retracted, and the fundus of the tumor mass brought as far forward into the incision as possible; and just at the highest point, we twist into the summit this double cork-screw tractor, and lift upward and pull outward, at the same time retracting either side of the walls of the incision, until the tumor mass is fully delivered outside of the abdomen. Just at this point a large abdominal sponge, wrung out of hot normal saline solution, immediately covers all of the intestines beneath the tumor mass.

The patient is now placed in the exaggerated Trendelenberg position, so that the intestines will treak downward and out of the pelvis

into the upper abdomen. We withdraw the first gauze sponge, and immediately wall off the abdomen from the pelvis with several large sponges wrung out of the hot normal salt solution. By so doing the patient is very little shocked, as the intestines take up enough of the salt solution to ward off the shock, and also to hold the normal heat of the abdomen within itself.

Here we commence the ligature of the right appendage by thrusting a narrow blade hæmestat close to the uterine lateral wall, and within the forcep's grasp place a folded strong thong of silk, engulfing within the grasp of this ligature the ovarian artery and the tissues of the broad ligament. This ligature is drawn tightly with the first turns of a surgeon's knot, and allowed to remain thus strangled for a few moments; when it is again drawn more tightly, as the tissues relax in a few moments, requiring the extra precaution which is always adopted in this method of doing an abdominal hysterectomy.

The second ligature is now tied tightly and closely to the cornua of the uterus, to prevent hemorrhage from the tumor mass, or from the uterine artery, in the severance of the appendage. The same method is adopted in the opposite appendage. After which we return to the first strangled tissues, and with curved shears cutting one-half inch away from the first ligature, leave enough pedicle to prevent the slipping of the tissues out of the grasp of the ovarian knot. We now proceed to the opposite side, and incise the broad ligament in exactly the same manner.

The next step of the procedure is to make an anterior and posterior flap, which is reflected downward, as the tumor mass is pulled upward. We now have shaped and protracted the bladder from injury by keeping within the peritoneal tissue of the uterine tumor walls. Our attention is next directed to the incision of either lateral wall, in which we expect and aim to cut the uterine artery, and ligate it off with the broad ligament on either side.

The completion of the abdominal hysterectomy consists in girdling the uterine cervix completely out of its own envelope, so that every vestige of uterine and cervical tissue is removed in the removal of the tumor. We now have to deal with the broad ligaments; and to this end we take the silk ligatures and tie them across the chasm from which the tumor and the uterus have been extracted. The next step is to catch up the posterior uterine flap with hæmostats, pulling it upward, and then, likewise with the anterior flap. Then with a continuous suture of chromocised catgut, we commence at the right angle of the wound, and with an over and over suture turn in the raw edges of either flap, so that in the completion of the closure of this wound there will not be a particle of traumatic surface manifest in the pelvic cavity. Just before the closure of the central part of the wound, we sometimes carry a strip of iodoform gauze down through the dissected cervical tissue into the vagina, for more perfect drainage, packing tightly the upper end of the gauze in the cervical ring; and after this

we complete the suturing of the flaps. This gives an ideal method of dealing with the traumatism of the pelvis.

The operation will now be completed by the removal of the sponges, and the placing of the patient on the table lowered from the Trendelenberg position to nearly a level. A gauze sponge is placed over the intestines to prevent the leakage of blood in the suturing of the peritoneum; and as we near the lower angle of wound the gauze will be carefully drawn out; and a forcep placed in the lower angle, seizing the peritoneum, shows when the peritoneal wound is completely sutured. After fastening the suture the forceps is removed, and the peritoneum pushed down into its place. The rest of the wound is closed by suturing over and over the fascia of the recti muscles; and in those cases of ordinary thickness of adipose tissue sometimes the edges are proximated by a continuous catgut suture, clasping the adipose tissue side to side; and the cutaneous incision closed either intradermically, or by an over and over silk worm gut suture.

NOTE—Five days following the operation the patient's temperature was normal, and the recovery uninterrupted.

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## EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

### THE ANTRUM OF HIGHMORE.

**CHRONIC CATARRHAL INFLAMMATION.**—This condition is frequently the result of repeated acute attacks, or from an acute inflammation where the exciting cause is constant. As a rule, suppuration occurs in these cases, but at times the disease will be simply that of a chronic catarrhal inflammation. If the disease is unchecked the antral opening may become closed, and the secretions being retarded, the term *hydrops antri* might be used.

In some cases there may be a low-grade cell proliferation from the mucous membrane, forming myxomatous masses and filling the cavity with a soft, translucent material, which is the condition termed *mucocoele*. The pathological changes are similar to inflammatory change of any mucous membrane.

**Symptoms.**—These vary considerably, but are influenced very much by the patency of the ostium maxillæ. Usually there is a sense of slight irritation or a dull ache in the sinus. At intervals there will be a discharge of secretion into the nasal cavity of the affected side. This secretion may be a clear, glairy, tenacious, mucous material, or may partake of any of the characteristics of mucous membrane secretion. After the escape of this secretion there is a sense of relief on the affected side.

On inspection the secretion can often be seen welling from the antral opening, filling the middle meatus. This may be more marked



if the excess is wiped away, and the head inclined sideways to assist gravity in emptying the antrum.

When the antral opening is closed, preventing the escape of the secretion, there will ensue a severe line of symptoms: gradual distension of the antrum results, the thin walls allowing swelling in all directions; the eyes become congested and prominent; the cheek swollen and teeth sore. The pain gradually increases until relieved by the exit of the secretion either by natural or operative methods.

*Diagnosis.*—Often difficult on account of nasal conditions which mask the antral disease.

*Prognosis.*—Guarded, as a cure depends upon so many influences.

### CATARRHAL CONJUNCTIVITIS.

The season for so called colds is at hand, and conjunctival affections as a consequence are prevalent. An acute catarrhal conjunctivitis is characterized by congestion of the bulbar mucous membrane. The secretion soon becomes mucous or even muco-purulent. Excoriation of the integument of the lower lids, or at the external canthus is often present. The lids stick together after sleeping. At times the lids may be somewhat swollen, and there is more sensation of discomfort than actual pain.

*Prognosis.*—Good.

*Treatment.*—Cleanliness; and for this the use of a wash of boric acid 3ij to water 3vj, is the best. The solution must be used in such a manner as to flush the space between the eyelids and eyeball. Simply washing the external surface of the lids will do no good. After cleansing the secretions from the globe and conjunctival surfaces of the lids the following solution will be found beneficial: R—Lloyd's hydrastis, 3ss; dist. hamamelis, sol. boric acid, aa. q.s. 3iv. M. Sig. Two drops in the eye every two or three hours.

Internally, aconite, rhus, hamamelis, or hydrastis may be required.

### DIAGNOSIS AND TREATMENT OF GLAUCOMA.

Glaucoma is a disease which ought to be better known by the all-round practitioner than it is. Were it so, many cases of inoperable and incurable forms of this disease would not present themselves in this state to the specialist. There are, perhaps, certain affections of the eye which the general practitioner may ignore—for example, cataract and strabismus—but inflammatory affections which run a rapid course, and end in irreparable damage to the sight, should be diagnosed at the earliest possible moment. Glaucoma belongs to this class of diseases.

I can see no reason why we should have any other nomenclature than *acute* and *chronic* glaucoma, such as was formerly adopted, as we do of *acute* and *chronic* iritis, or of *acute* and *chronic* choroiditis—

with a subclassification of primary and secondary glaucoma. The term, *glaucoma*, a *green tumor*, is very faulty, and ought not to have been perpetuated by Græfe, but it is too late to change it. The name defines very little. We must define the disease with much more than this name. This green reflex is only one symptom, which exists chiefly in the disease when it has run its course, or is overshadowed by others. Hardening of the globe, or increased tension, a pathognomonic symptom, always present when there is glaucoma, should have been the name. When the eyeball is in a state of increased tension, so that it is sensibly hard by comparison with normal eyes to the fingers placed on the closed lids, in a palpating method as if searching for fluid—a comparison perfectly easy to make—that is either primary or secondary glaucoma. In addition to this chief symptom, which, even if no other objective one exists, marks the disease as glaucoma, will generally be found a redness of the eyeball in the circumcorneal region, a dilated pupil, a watery eye and perhaps, great deterioration of vision, with failure of accommodation. In addition to this there may be an important subjective symptom—a halo around lights. This halo is probably dependent upon changes in the corneal epithelium. Rainbow colors seen especially about a candle flame, or the like, although a subjective symptom, is a very suspicious and alarming one. If we add to the picture the very important fact that patients generally suffer severe pain of neuralgic character, and that the eye is suffused and the lids perhaps swelled, we have the disease, acute glaucoma, which ought at once to receive operative attention. If the diagnosis be promptly made by the general practitioner, the means are at hand to arrest the progress of the disease until the specialist can perform the sight-saving operation. It is a great misfortune that attacks of glaucoma or increased tension of the eyeball are often overlooked. Sometimes the acute symptoms, and apparently all the symptoms, subside. But really only the severe pain, so often called “neuralgia of the eye,” the circumcorneal redness, the swelling of the lids may have disappeared, while impairment of vision, increased tension and cupping of the optic disk remain, so that before the next acute attack the disease has made an insidious progress which lessens the chances of cure.

This is the condition for which Græfe proposed, and first of all the world, successfully tried, iridectomy. The condition remains curable to this day. It has only been the extension of the treatment to the chronic form of glaucoma that, to my mind, has brought iridectomy for glaucoma into disrepute. Perhaps to say “into disrepute” is strong language, but at least into a very doubtful idea as to its efficiency in many cases of increased tension of the eyeball without acute symptoms. This doubt is, I think, well placed. Iridectomy in chronic glaucoma has none of the efficacy that obtains in the acute form of the disease. Hemorrhagic glaucoma, which occurs sometimes in the course of chronic Bright’s disease, even in the acute form, forms also

another of the exceptions where iridectomy is interdicted. But it often becomes necessary in chronic glaucoma when the sight is lost, and there are occasional subacute exacerbations with troublesome symptoms—of halo about lights and uncomfortable sensations of various kinds in the eye besides the pain—to do something to relieve these symptoms. Operations then are often worse than useless. It seems to me to be very bad practice to operate in any way upon a sightless glaucomatous eye, with a hope of relieving pain, except to remove it or its anterior portion.

It is in these inoperable cases, a diagnosis having been made, that eserine first of all, cocaine and pilocarpine next, may play the very important part of arresting the acute symptoms until the specialist comes in. But if the disease be mistaken for iritis or simple neuralgia, and atropia or any other mydriatic be used, a few hours may suffice to put the case beyond hope. Here as in acute glaucoma, the myotics or tension depressors may play a very important part. In acute tension the myotics are used until iridectomy can be performed. In sightless eyes they are also used, although the operation should not be performed, because no operation but enucleation of the eyeball offers anything for the relief of the pain. The applications to the eye of myotics, either pilocarpine or cocaine, or best of all, eserine, and as recommended by Panas, in oil, often afford an efficient remedy. The use of eye-drops in oil has long been known and practiced, being first recommended in this country by Andrews and Green. But I believe no systematic attempt to use oily solutions of eserine in large doses, two to even four grains to the ounce, and for the purpose of reducing the tension and relieving the pain in inoperative glaucoma, has been made until the advice was given to do so by Panas. Some cases are reported by Panas where he thought an operation was indicated—cases of chronic glaucoma, with acute exacerbations, where the use of strong oily solutions of eserine, although intended to be employed temporarily, effected a cure.

In conjunction with some of my colleagues in New York, among others Drs. Emerson and Irwin. I have given this means of treatment a fair trial, and I think it ranks among the best for inoperable cases of glaucoma; and in chronic glaucoma I am rather inclined to increase the field of inoperable cases than to diminish it. I think the claim is a just one, that these oily solutions are more rapid in action and more durable in effect. They are employed three to four times in twenty-four hours, and followed by fomentations of water for say 20 minutes.

This subject will not be at all complete unless another great danger in making a false diagnosis in glaucoma is dwelt upon. While mydriatics, especially atropia, will save cases of iritis and keratitis, and be of no damage whatever in choroiditis, in glaucoma they are of the greatest harm, and may even excite the disease when it has not before existed. The general practitioner ought, for this reason among the many others, to be able to diagnosticate glaucoma, lest he aggra-

vate the conditions by dropping atropine in an eye having the prodromal symptoms of glaucoma, or even induce it in a suspicious case. While atropia is one of the very best remedies, of the widest usefulness in ophthalmology, it is of the greatest harm in glaucoma, as may be many mydriatics.—D. B. ST. JOHN ROOSA, M. D., *before Medical Society of the State of New York.*

# SYMPATHETIC OPHTHALMIA.

Recent investigations have proved that sympathetic ophthalmia is due to micro-organisms traveling from the injured eye. The morbid changes in the "exciting" eye which may cause sympathetic inflammation in the fellow eye are classified as follows:

1. Penetrating wounds of the ciliary region, accompanied by prolapse of the iris and the ciliary body are, above all others, the most likely to cause sympathetic disturbance, and all the more likely should the wound be lacerated, and should the instrument with which it was inflicted have been unclean.

2. Foreign bodies lodged within the eyeball, more particularly if they lie near the ciliary processes, are a constant source of danger, since they keep up inflammatory re-action in the whole uveal tract.

3. Degenerative changes in an eye previously injured are always accompanied by a certain amount of iridocyclitis, and consequently an atrophied globe, tender and irritable through calcification of the lens, and ossification of the choroid, is inevitably a menace to the sound eye.

4. Corneal ulcers which have perforated may form the starting point for a sympathetic ophthalmitis, but it is interesting to remember that an eye which has burst from within is not nearly so dangerous as one in which perforation has occurred from without. Moreover, all clinical experience goes to prove that after panophthalmitis, the danger of a transference of infection from one side to the other is very slight.

5. Sarcoma of the choroid, or dislocation of the lens, accompanied by plastic iridocyclitis, may also induce sympathetic inflammation, but these are probably the only instances in which the disease arises apart from the existence of a perforating lesion of the exciter.

The treatment of sympathetic ophthalmia is chiefly prophylactic, and the removal of the exciting eye is the most efficient remedy we have. The following rules may be given as a guide in the treatment:

1. Enucleate at once when the injury is so severe that the exciting eye is destroyed hopelessly from the beginning.

2. Enucleate at once on the slightest sign of sympathetic irritation, should the vision of the exciting eye only equal a perception of light.

3. Enucleate at once if a foreign body is present in and cannot be removed from the exciting eye.

4. Enucleate at once when an injured eye is blind and suffering from

recurrent attacks of acute inflammation, or when it is tender and irritable as the result of the onset of degenerative changes, *e.g.*, ossification of the choroid.

5. Do *not* enucleate when there is still sight in the injured eye, and when there is no sign of sympathetic disturbance in its fellow.

6. Do *not* enucleate when sympathetic inflammation is in progress and there is still sight in the injured eye; for under these circumstances the removal of the "exciter" will have no beneficial influence, and the probability is that in the end all the patient will possess will be in the primarily injured eye.—DR. A. M. RAMSAY in *Annals of Ophthalmology*.

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## PERISCOPE.

### IS SUGAR HEALTHFUL?

Sugar is getting into the hygienist's good graces. Instead of being frowned upon as the cause of indigestion, bad teeth, and general ill health, it is now regarded as a valuable food substance by most physicians. Not by all, however, for, as we are informed by a writer in the *Drogistische Rundschau*, while some of them maintain that sugar is of great service to the human body, strengthening the digestion and preventing undue acidity, others declare that even its moderate use is injurious to both the stomach and the teeth, while its excessive use develops diabetes. Says the author of the article just mentioned, which is translated for the *National Druggist*:

"Old and famous doctors, like Hufeland and Heim, declare that a moderate use of sugar stimulates digestion and prevents fermentation in the stomach, while an excessive indulgence in the article has an injurious effect on the digestive faculties, as it causes the formation of an excess of lactic acid, which makes itself apparent in the secretions, especially in the saliva, and in this manner produces an injurious effect upon the teeth.

"Latter-day physicians, those representing the latest phases of medical knowledge, declare with great positiveness that sugar causes acidity of the stomach only when ingested in small quantities into a stomach already acid or inclined to acidity, when the lactic acid fermentation seizes upon it and carries it along with it. If, however, the sugar is used in larger quantities, it overcomes the fermentation and stops it. The latest investigations have in truth demonstrated that lactic acid fermentation is stopped by an excess of sugar; but to the disappointment of pie-eaters and bon-bon devotees, it must be stated that this effect is produced only when the substance is absolutely pure. In this condition it seems to make no difference whether the sugar be eaten solid, in the shape of lumps, or dissolved in pure water. Sugar excites the secretions of the stomach, increases digestion of albuminous matters and of nutritives containing iron and lime, a fact which

proves that under proper conditions sugar is a remedy against anemia, chlorosis, and in scrofula.

"This explains the love of a great many children for sugar in the lump, who afterward, as they grow older, avoid plain sugar, or sugar by itself, almost entirely. It seems to be a sort of instinct with children with weak bones and thin blood. As early as 1878, Dr. Boeckel recommended, in his writings, sugar as the most powerful remedy in rachitis. According to the theory advanced by him, the sugar given in such cases sets up an alcoholic fermentation which overcomes the lactic acid present in excess, and thus prevents the escape of the bone-building salts."

According to the writer, the idea that sugar causes bad teeth is an altogether mistaken one. The teeth of the negroes in the tropics are dazzlingly white and sound. On sugar plantations in Cuba, Louisiana and elsewhere, all negroes run down with labor or sickness grow sleek, fat and strong again on the return of the sugar harvest solely by chewing the cane. Englishmen and Americans eat more sugar than the French and the Germans, and yet they have better teeth than the latter. He goes on to say:

"After participating in many kinds of food, sugar seems to act as a digester, and that heaviness often felt after a hearty meal is frequently relieved after drinking a glass of sugar water. The famous Hufeland, in his book 'Makrobiotik' (i.e., on long life), sings a hymn of praise to sugar, and recommends plenty of sugar to all who have to eat coarse, heavy food. It is better, he states, for lean persons than fat ones.

"When we find that cake bakers and millers habitually have bad teeth, it is natural to charge the fact to the use of sugar or of flour. Rather ascribe it to the lack of care of the teeth habitual with those people, which permits particles of food to remain between the teeth, and thus further decomposition. If they used the brush frequently and properly, they would have as good teeth as anybody.

"In old times our confectioners, bakers, etc., did not employ sugar in their sweet wares, but honey, whose antiseptic properties were known even in remote antiquity, and the Egyptians, Greeks, etc., frequently used it as an application to serious wounds. Even as late as the 17th century, our ancestors used sugar as an application to wounds. The practice, however, fell into neglect and was forgotten until only recently prominent surgeons are again bringing the substance into use. Dr. Lucke, for instance, professor at the University of Strassburg, recommends it in gangrene, and has used it with excellent results.

"The Frenchman, Claude Bernard, demonstrated that the normal sugar contents of the blood immediately commences to rise whenever any disease or injury to the organism commences to grow better. In this case a blood rich in sugar seems to exert an influence on the reparative action. This condition of the blood lasts until the health is

restored, or until the source of supply (of sugar) is cut short. Normal and healthy blood always contains sugar, which is derived from all nutritive foods, and has absolutely nothing to do with the consumption of pure sugar. That a too great indulgence in sugar, by itself or mixed with other things, can have a bad effect and cause sickness is not to be denied, but that its use, either in small quantities or large, can cause diabetes, cannot be too strongly denied. Such an idea could be conceived or find defenders only from the fact that the original cause of that only too frequent disease has, up to the present, eluded investigation and remains a mystery.

"Finally we can assert that the healthfulness of sugar is no longer disputed by educated physicians. That it is not only an article of nourishment, but a beneficent one, is demonstrated by the fact of the constant growth of its employment. In 1700 all Europe used about 100,000,000 pounds of it; in 1870 this had reached 4,000,000,000 pounds; while statistics show that from the end of August, 1900 to February, 1901, 2,000,000,000 pounds of beet sugar alone had been consumed."

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#### Glyco-Thymoline in Phthisis and Tubercular Invasion of the Submaxillary and Cervical Glands.

It seems to have been thoroughly established that in most cases tubercular infection has been through the mouth and naso-pharynx. This being the case, a protection of these parts from invasion is of the first consequence. In a recent note on this subject Prof. Arnulphy, of Paris, says that in addition to other methods to protect those persons—as physicians, relatives, nurses, etc.—who are compelled to come in contact with consumptive patients, the frequent daily use of Glyco-Thymoline as a mouth, throat, and nasal wash, will insure a degree of immunity from infection that reduces the danger to a minimum. To those already suffering from the disease, Glyco-Thymoline has proved of great value as a means of keeping the mouth, nose, and cervical glands in an aseptic condition, with a marked alleviation of cough and irritation. The action of the solution of Glyco-Thymoline on the mucous membranes is soothing and distinctly exosmotic, increasing the capillary circulation.—*N. Y. Med. Journal*.

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#### Retrospect of 720 Laparotomies for Gall Stones.

By Prof. Hans Kehr, in *Muenchene Medicinische Wochenschrift*. Kehr's is the most extensive personal experience in gall stone disease of any surgeon living. He has operated in 735 cases in all. As a singular fact bearing its own grim irony, Kehr himself has gall stones, and declining operation, spends six weeks to two months at Carlsbad every autumn. Notwithstanding this, in this *resume* he frankly admits that while rest and alkali will render quiescent certain aggravated symptoms, no medical treatment which can be employed is curative, nor can the stones be dissolved.

In 85 per cent. of the cases observed jaundice was not a symptom. It was not present in 23 per cent. of stone in the common and hepatic ducts. Diagnosis in most cases can be made with accuracy, if a clear history can be obtained and careful manual examination with studious observation of the patient. Some cases will prove baffling and nothing is left but an exploratory incision. Operation should invariably be done, and promptly for purulent cholecystitis. Likewise for persistent obstruction of the common duct. In acute obstruction, Kehr advises medicinal measures, unless cholangitis supervene, which will demand immediate operative interferences. Persistent hepatic colic which rapidly demoralizes the patient, demands operative relief. The same is true of septic involvement of the bladder or passages with or without peritoneal extension.

The author recognizes the relation between chronic interstitial pancreatitis and persistent cholemia and obstruction of the common duct or ampulla of Vater. These cases should not be allowed to go more than three months, without operative interference.

Certain constitutional pathologic conditions as diabetes, arteriosclerosis and general carcinosis contraindicate operation. Carcinoma of the gall-bladder should be operated early if at all.

He makes but one operation of his cystostomies. He opposes crushing stones in the common duct and has abandoned it. Cystectomy is to be the operation of favor where the mucosa is destroyed or the cystic duct seriously involved.

Cystostomy where drainage may be indicated for suppuration of the bladder or extension to the hepatic ducts.

The author observed appendicitis as a complication in but 18 cases, a markedly different per cent. from Ochsner's observation. He estimates that no more than 12 per cent. of the cases suffered from gastric disturbance.—*S. California Practitioner*.

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#### Aphorisms in Bright's Disease.

Dr. W. H. Porter in the *Medical Record* of September 27, 1902, in a paper on dietetics in renal diseases, says the conclusions to be drawn from this study are:

1. To analyze thoroughly the results of treatment in "Bright's Disease" one must have a clear conception of the histology and physiological functions of the kidneys.
2. Its complex pathology must be clearly understood.
3. All the etiological factors must be given full consideration.
4. The etiological factors are numerous and very complicated in their action.
5. Only one, if any, of these can be reached by surgical interference.
6. Most of the etiological factors can be modified or removed by well-directed rational dietetics and therapeutics.



7. Histologically speaking, "Bright's Disease" can be cured.
8. Physiologically speaking, the etiological factors can be modified, and often removed, the symptoms held in abeyance, while the renal glands perform their functions normally.
9. "Bright's Disease" is by nature an oscillatory malady, accompanied by frequent remissions and exacerbations.
10. Remissions must not be taken for cures.
11. Rational dietetics and therapeutics offer the largest possibility for a complete physiological cure.
12. A well-regulated mixed diet, especially if composed largely of the animal class, when it can be tolerated, yields the best results.
13. All therapeutics to be rational, must be directed not at the pathological lesion per se, but toward establishing a more perfect digestion and metabolism and a decrease in the work imposed upon the renal glands.

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#### Chloroform The Tape-Worm.

In the December number of *Southern Practice*, Dr. James M. Clopton says that more than eighteen years ago, while practicing in St. Louis, Mo., he was a victim of tape worm, and had been for several years previously, and resorted to all the then prescribed remedies without benefit. Dr. William Porter then prescribed Squibb's chloroform ʒ iij. in a number of large size capsules, with directions to take one every few minutes until well under the influence. Have a medical friend with you to note effects, etc., and when sufficient have been taken to produce stupor, then take an active purgative, such as salts and senna. "Before night came, I was parted from my old enemy; and since that time I have had the pleasure of relieving several patients of this most obnoxious depraved company. In my opinion, if properly given, it will never fail to so stupefy the worm" that it will turn loose its hold on intestinal wall, and its expulsion is made easy. "I have never heard of a failure with its use" when given in the manner indicated.

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#### The Peruna Habit.

The Peruna habit and other forms of alcoholism should be looked into by its religious and newspaper sponsors. We are indebted to Mrs. Martha M. Allen, the energetic worker of the W. C. T. U., for having asked the Massachusetts State Board of Health to analyze Peruna. In an advertisement of this nostrum a statement was made that "Peruna has among its friends many of the leading temperance workers in this country who give it unstinted praise, and do not hesitate to endorse it by the use of the most extravagant language." The chemist found it contained 23.46 per cent. by weight of alcohol. We know of one patient, a young lady, who has been taking large doses of this compound, and who has found it so exhilarating that she has made herself a sort of walking advertisement for the enterprising

manufacturers. She would have been indignant if asked to take a "cocktail," or a drink of whisky, containing less alcohol than her prized and secret tippie. The Massachusetts Board found 15.33 per cent. of alcohol in Vinol; 16.77 per cent. in Lydia Pinkham's Vegetable Compound; 5.87 per cent. in Swamproot. In Orangeine there were found acetanilid, caffeine, and sodium bicarbonate. Concerning acetanilid Dr. Abbott, secretary of the board, says that it should be taken with much caution lest its frequent use degenerate into a confirmed habit. The proprietors of White Ribbon Remedy were not going to be trapped in one way—there was no alcohol in the drug, but only milk sugar and ammonium chloride. It is "as likely," adds Mrs. Allen, "to cure drunkenness as would a blast of east wind." We have entire sympathy with the efforts of the W. C. T. U. to expose the meanest hypocrisy of the worst liquor sellers, the patent medicine manufacturers.—*American Medicine*.

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#### A Modified Method of Auscultatory Percussion.

Under this heading Dr. Albert Abrams discusses (*Medical News*), a new method of precision in diagnosis. It is a combination of percussion and auscultation which is an improvement over percussion in the delimitation of organs and such pathological conditions as infiltrations in the lungs.

The description as given by the author is as follows:

"The modified method of auscultatory percussion which I here advocate is suggested after several years experience in its employment.

"Its accuracy I have frequently controlled by skiascopy. It embodies the principle of transsonance. It is available in topographical percussion and for determining the density of the lungs after a method which will be presently described. Percussion transsonance is obtained when the thorax is percussed directly or indirectly at a time contemporaneous with auscultation at some remote point. In my modified method of auscultatory percussion, the clavicles, sternum, rib or vertebrae, are percussed directly, i. e., without the interposition of the finger or pleximeter. The percussion blow is either light or strong according to whether the superficial or deep dullness is to be elicited. If, for example, the area of cardiac dullness is to be obtained, the clavicle or manubrium sterni is percussed directly, and the stethoscope is gradually carried toward the organ in all directions from the lung. The area of the heart is at once indicated by a dull tone supplanting a resonant one. A similar procedure is carried out in eliciting the upper liver-border and the splenic area of dullness. Lung consolidation is also easy of elicitation by this method. If, for example, the transsonance of the apices is to be determined anteriorly, the stethoscope first remains fixed over one and then over the other apex, while immediate percussion is executed on a prominent vertebra. If

the apices are to be auscultated posteriorly, the percussion-blow is limited to the manubrium sterni. It is possible to outline the right auricle and left ventricle on the posterior chest surface, provided the patient is in the erect posture with body inclined slightly backward. The pectoral chest-piece of the stethoscope should possess a small caliber for the better object of demarcating the outline of organs. The fact must be emphasized that during the time that this method of auscultatory percussion is executed the percussion blow on some prominent bony structure must be continuous and uniform while the stethoscope is carried toward the organ to be outlined. The percussion hammer recently designed by Dr. Henrich Stern, of New York, will prove of great value in obtaining uniform results.

"The drawbacks pertaining to my method are present only in corpulent individuals in whom the well-padded bony structure will not permit the percussion-blow to be carried to any distance. Another drawback, which is also present in the conventional auscultatory percussion, is the inability to interpret the character of the percussion-sounds. This is of course a matter of practice. I cannot too highly extol this method, not only in topographical percussion but also in determining the resonating quality of the pulmonary tissues. I have elicited incipient lung consolidation when the conventional methods have failed. I have also used this method for outlining the lower border of the stomach. The method of procedure is briefly as follows: With the finger, the lower ribs over the semilunar space of Traube are percussed, the stethoscope being fixed primarily in the hypochondrium in order to learn the character of the tympanitic tone. Then while percussion is continued, the end of the stethoscope is gradually carried downward until the disappearance of the tone indicates that we have reached the lower border of the stomach."

[Since the publication of this paper I have had occasion to test this auscultatory percussion in several cases of incipient pulmonary tuberculosis and believe that it is very valuable. With an extended experience which would be necessary in order to acquaint one's self with all the details and in order to be able to translate the various changes in sound, I believe that this method will prove very valuable to the diagnostician. Now that early diagnosis plays such an important part in the fight against tuberculosis, we gladly welcome anything that will aid us in detecting the disease in this favorable period.—F. M. P., in *S., Cal. Practitioner*.

#### "Hardening" of Children.

Dr. Hæcher (*Munchener medical Wochenschrift*, November 18) says that the method employed of hardening children by means of cold baths is not only unnecessary, but is often injurious. It increases rather than diminishes their susceptibility to colds, thus inducing coryza, throat affections, bronchitis and pneumonia. Anemia

may result, with nervousness, loss of appetite, disturbed sleep (pavor nocturnus), irritability, with a subsequent change in character, such as moodiness, violent temper and uncommunicativeness. Catarrh of the large intestine may result from it and it causes a longer duration of incident illness, especially of pertussis. Hæcher would advise, instead of the cold baths, accustoming the child to the room temperature by occasional stripping and permitting him to run about naked before retiring, running barefoot, avoidance of uncovering during the night. The child should sleep near an open window only during the summer. He urges that children should be sent out-of-doors at all times except when it is very stormy and especially not when there is a northeast wind. Older children should have airbaths and sunbaths in the summer and should go barefooted. The clothing should always agree with the weather with no fixed rules. Children should wear no furs and should usually have the neck uncovered. The legs should be uncovered only in the summer, and in thin children, never. As to cold water, it should be employed only when none of the above-mentioned disagreeable phenomena appear. Ablutions are preferable to baths and should be given but once daily. All "hardening" should be done gradually, in somewhat the same manner as electricity is clinically employed, and should follow the idiosyncrasies of the child. The process must not be begun too early. Nurslings are always to be kept warm. No child should be subjected to cold water baths until anemia and nervousness have been excluded, and all children should be submitted to a physician's examination before any hardening process is begun.—*N. Y. Med. Journal.*

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#### The Law as to Self-Destruction, Sane or Insane.

It is gratifying to know the United States Court of Appeals has made an end of the wrangles and quibbles and doubts as to the liability of insurance companies as regards suiciding policy holders. In the case decided, the policy stated that "self-destruction, sane or insane, within one year from the date of the issuance of the policy is a risk not assumed by the society in this contract." The lower court had ruled that this was a proviso not limited to willful or intentional suicide, but included any self-destruction, sane or insane. This ruling is confirmed by the higher court, which says that "If the assured caused his own death while sane or insane, that is the end of any right to recover, and there can be no looking into the condition of the mind of the deceased when he committed the fatal act. The case might be different if the replication had stated that his death was due to an accidental cause; if, for example, he had taken a poisonous draught, mistaking it for water; or walked through a window, mistaking it for a door. Then it would fall within the rule established by a number of cases, which hold that accidental or unintentional self-destruction is not within a condition forfeiting a policy for suicide."—*American Medicine.*

### Hemorrhage After Tonsillotomy.

Dr. Leipziger (*Laryngoscope*), after investigation regarding the frequency of dangerous hemorrhage after tonsillotomy, has come to believe that "tonsillotomy is more dangerous to the surgeon than to the patient." A search through the files of the *American Journal of the Medical Sciences* from 1827 to 1902 failed to reveal any death recorded from tonsillotomy, although several authors state that deaths have been reported, but do not say where or by whom.

Fuller quotes Sajous as stating that profuse hemorrhage occurs about once in 500 cases, while an alarming flow does not occur once in 1000 times, and accepts this proportion from the records of Cohen, Mackenzie, and his own experience.

Leipziger gives an account of an instance where after prolonged oozing for seven hours he administered a hypodermic of one-fourth grain of morphine and one-fiftieth of atropine. The patient promptly fell asleep and slept four hours. As the bleeding soon began the dose was repeated, followed by a sleep of six hours: there was no further bleeding.

The author draws the following conclusions. He found in the journals cases of alarming hemorrhage, but could not find reports of fatal cases; some were secondary, some continued off and on as long as nine days.

Cessation of parenchymatous bleeding is probably affected by syncope favoring coagulation, or through vasomotor influence brought on by unconsciousness. If the latter is true, removal of nervous excitement by hypodermics of morphine may prove to be the most desirable agent to check hemorrhage.

The use of styptics seems ineffectual; their application is often injurious from the gagging and irritation produced, which in turn increase the bleeding and the nervous excitement.

These conclusions must be modified if a report in the *Wiener klinische Wochenschrift* of February 27, 1902, by Damionos is correct. The writer says that of 159 cases reported of serious bleeding, 7 were fatal.—*Med. Age.*

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### The Marvels of Radium.

The peculiar properties of radium may well excite wonder and surprise. All the metal existing in the world could be contained in a teaspoon, and has cost thousands of dollars to produce. The rays, which are known by the name of Becquerel, after the French physicist, are also remarkable. A few grammes of the metal enclosed in a bottle carried in the vest pocket burned holes in the flesh in six hours, producing sores that took weeks to heal. These rays are also fatal to the micrococcus prodigiousus, and may therefore possess great medicinal virtue. The radio-active properties seem due to a gas. The energy of these rays is prodigious, and the source is yet a mystery. The evolution of heat appears to go on without combustion, without chemical changes, and without alteration of molecular structure. This state of things must have a cause, or is the law of conservation of energy a myth?—*Med. Age.*

## Eclectic Medical Journal.

A Monthly Journal of Eclectic Medicine and Surgery. \$2.00 per Annum.  
JOHN K. SCUDDER, M. D. MANAGING EDITOR.

ASSISTED BY THE FACULTY OF THE ECLECTIC MEDICAL INSTITUTE.

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### COMMON DISEASES OF CHILDREN.

III. VARICELLA.—This disease, commonly known as chicken-pox, is another of the frequently encountered diseases of early life. It is probably the shortest and no doubt one of the mildest of the eruptive fevers. It is, however, so contagious that few children escape who are exposed to it; it may therefore be regarded as essentially a child's disease, being rarely seen in the adult. From statistics carefully tabulated by Baader he reports that out of 584 cases,

382 occurred between the ages of 1 and 5 years.				
191	"	"	"	6 and 10 "
7	"	"	"	11 and 15 "
2	"	"	"	16 and 20 "
2	"	"	"	21 and 40 "

It will thus be seen that a large proportion of all cases occur under the fifth year, and that the disease is seldom contracted after ten years. The belief was formerly entertained that there was a direct association between this disease and small-pox, or rather that it was a modified form of small-pox. While there may be some symptoms in common, and each show peculiar phases that are similar in many respects, it has nevertheless long been known that varicella is an independent disease, and due beyond doubt to its own specific virus.

The theory of its being a kind of small-pox was exploded by Dr. Wm. Heberden, of England, who was the first to give a clear and accurate description of it as a distinct disease.

The familiar name *chicken pox* was suggested owing to the resemblance the vesicles bear in size to the chick-pea, and not as many imagine because of its being a disease of the domestic fowl. The name varicella was given to the disease by Prof. Vogel, he sharing in the belief that it was variolous in its nature. As we now understand, it is a misnomer and misleading, since it means a *little* small-pox.

Chicken-pox, as is true with the other common diseases of childhood, occurs most usually in epidemic form; likewise one invasion immunizes the individual from subsequent attacks.

Owing to the mild character of the infection, the period of incuba-

tion is necessarily considerably protracted ; usually from fourteen to twenty-one days are passed after a given exposure before there will be any evidence of symptoms. In a majority of cases there will be a brief prodromal period ; while again, in certain seasons or epidemics, the appearance of individual vesicles is the first evidence of the oncoming of the disease. Generally, however, for a period of twenty-four hours prior to the development of the disease upon the skin, the child will complain of slight chilliness, hot flashes, languor, headache, and sometimes also aching in the back and limbs ; gastric disturbances are frequently present, a slight fever usually supervenes, together with such complaining as ordinarily ushers in the common diseases of children.

The fever continues until it reaches an elevation of from one to three degrees, when the eruption promptly appears ; it scatters over the face, neck, trunk and extremities, showing most abundantly on the back and shoulders ; as a rule, it makes but a slight showing upon the face. Usually vesicles may be distinguished on the mucous membrane of the mouth, tongue and fauces, in the beginning of the stage of eruption ; they readily rupture, leaving small ulcers. The irritation is usually a source of considerable discomfort for a day or so. The eruption at first appears as small red papules ; within from two to six hours they become vesicular. The vesicles vary in size from a pin's head to a small pea, usually round, each containing a clear, transparent serum, resembling somewhat small blisters from a burn. They continue for three or four days, when desiccation follows rapidly ; the fluid becomes cloudy, absorbing gradually, so that by the fifth day the crusts or scabs have formed, usually of a yellowish-brown color. The scabs soon dry completely and detach, leaving a mottled reddened appearance over the surface ; this continues for a brief period, or until the epidermis is reformed.

A peculiar and distinguishing feature of chicken-pox is the development of the eruption or vesicles in successive crops. As the first efflorescence reaches complete maturity the second will begin, and so on through three or four crops of vesicles, or until the poison or infection has been completely eliminated.

The only other disease with which this could be confounded, in making a diagnosis, is small pox, but it would seem that with proper care and an ordinary sense of discrimination, there should be no occasion for a mistake. Chicken-pox may be readily distinguished by its short period of invasion, slight constitutional disturbance, the vesicles follow the eruption almost immediately ; the eruption is always superficial, and does not present the hard, indurated and shotty condition so noticeable in small-pox ; the vesicles do not become pustular, neither are they umbilicated, and very seldom sufficiently numerous to become confluent.

Pitting in chicken-pox is usually due to an irritation caused by the scratching of the child. The disease in most instances runs a quick

and uneventful course; the prognosis as a rule being favorable, unless there should develop certain complications, as albuminuria, anasarca, or arthritis, as well as occasional lesions of the throat and inner ear, which may follow in some cases.

In the way of treatment as much depends on good hygienic surroundings, cleanliness, and properly ventilated apartments, as in the administration of medicines. Early, with the fever and dry skin, aconite and asclepias should be given to aid in the development of the eruption. The dullness and drowsiness that will frequently be noticed during the height of the disease call for belladonna. Eupatorium per. will be found indicated when there is moisture of the surface, pain in the chest, short breathing with hoarseness. The indications for gelsemium are usually present at some stage of the disease. The use of quinine by inunction will frequently be found useful during convalescence. To relieve the local irritation and itching, the application of carbolic acid and glycerine, one to three, will be found efficient, as well as a mild soda sponge to aid in developing the eruption.

R. C. W.

#### CANTHARIDES.

For some time past we have been interested in the study of specific cantharides. It is quite an old remedy, but like many others, we never learned to use it well. We believe one secret about its successful use is to avoid the toxic-dose—the dose that produces physiological effects. And we believe this is the dose most frequently used outside of the homeopathic school. Large doses are irritant; they cause symptoms much like those which the small dose so satisfactorily relieves—abdominal tenderness, pain, tenesmus, dysphagia, priapism, strangury, hematuria, etc. It is aphrodisiac and abortive, *only in toxic doses*. We propose to speak of it at this time as an internal medicament and not as a local application or vesicant.

Cantharis is a stimulant to the bladder, or to the whole urinary apparatus, and because of this fact it is seldom a pleasing remedy when used in the active inflammatory conditions to which these organs are prone. It is an excellent remedy in desquamative nephritis—to rid the urine of blood and albumin—but only after fever and inflammation have gone.

The small dose is particularly effective in irritable bladder, with frequent and urgent desire to urinate; in the incontinence so frequent in women, in the aged and in children; and in the cystitis following or accompanying gonorrhea and gleet. It quickly overcomes that constant desire, when the urine is scant, turbid, bloody, burning; it rids it of blood, albumin, and of shreds of mucus. In those more violent cases of chronic cystitis, after the active inflammatory stage has passed, when there is intense burning and cutting pains in the bladder, violent tenesmus, and a stinging, cutting, burning pain in



the urethra, and escaping drops of urine feel like hot shot, causing constant desire. It relieves strangury, frequent emissions of small amounts of urine, and that teasing, burning desire.

Cantharis in small doses abates chordee quickly. It is an excellent remedy spermatorrhea, prostaticorrhea, and many troubles where there is a general laxness or want of tone in the pelvis, and it is a remedy for male and female. It has many praises sung, for it is an internal as well as local remedy in the itching and burning skin diseases.

In chronic nephritis, when urine is dark, scant, albuminous; micturition frequent, painful, unsatisfactory; the stomach is irritable, and there is blood or pus in the urine; and, there may be headache, even to delirium and coma, or mental stupor and great thirst—cantharis should be given a trial.

In acute nephritis with like symptoms of less severity, or even if there be menacing uremic manifestations, cantharis will prove efficient by increasing the amount of urine secreted, lessening its concentration and relieving its unpleasant passage.

The urinary life of the adult man may be divided into two epochs. In the first he frequently prides himself that can throw a stream over the hog-pen or to the height of the second story window. In the second, he too often stands, and waits, and watches for the dribble of the piddle that falls in a puddle at his feet. When in this latter stage, cantharis relieves tension, promotes a free flow and pleases the old man.

In the common incontinence of children usually due to atonicity, and not to excitement, cantharis is almost a specific in so many cases that its reputation is away up as it were. Give in the small dose, frequently repeated. Some recent cases in this line, in my practice, led to the exploitation of the drug. It will well repay the close attention of any Journal reader or practitioner.

W. E. B.

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### COMPARISONS.

Comparisons are odious, but nevertheless illustrative of truths. However odious they may be, we propose to make a few anyhow.

It has been our habit, as we have gone through life, to observe the effects of natural laws whenever an opportunity presented. Animal life differs but little in its material requirements, whether it is manifested in man or the lower animals. Many lessons have been learned by observing the horse, the dog, and the child, that are valuable when dealing with the full-grown man. Action from instinct, or intuitive action, is more accurate than action from reason. Reasoning is often based upon erroneous premises, hence reason is not always a safe guide to follow. Man reasons incorrectly often, though starting from correct premises; hence his conclusions are erroneous. The lower animals and the child follow the guidance of an inherent sense of correctness. Especially is this true as it affects material wants.

Correct reasoning is confined to very narrow limits, and is only certain when it becomes absolute knowledge. Man thinks, but many of his thoughts are as weeds which grow wild. They are useful, however, in the preparation of the soil for the production of fruit. Man is the creature of habits acquired from a long line of ancestors. These are stamped deeply in his nature; they are modified by environment and education. He eradicates them but slowly, as the tendency is to move in the direction of least resistance. The lower animals also act from habit, guided, however, by unerring instinct. Natural tendencies follow natural laws. In the main, acts of primitive life are modified and improved by increasing intelligence. Not all acts of the higher intelligences are in accord with natural order. In our struggles to advance, mistakes will be made. It is well sometimes to retrace one's steps. If one has lost his way he had best get back to familiar ground. It might be well for us to go back to the point where instinct merges into reason and take a new start. The acts of civilized beings do not always denote civilization. Many of them are the acts of barbarians.

The comparisons I desire to make and the deductions therefrom have reference to the taking of food in sickness. Did you ever take notice of the horse when he is sick? Did you ever see one eat food when he was ill? No doubt you have many times seen this animal stand with his nose in the feed box containing oats or corn, without eating a mouthful. It was known at once that he was ill. Nor would he touch his food until the difficulty had passed. A day, perhaps two, of fasting, then a little food was eaten. Sparingly at first as a rule. By this sign it was known that the animal was well on the road to recovery. And the dog, who does not remember having seen this sagacious animal turn from all food in disgust, his tail between his legs, go and lie down to fast and await the return of health? One could not coax him to eat at such a time. Then there is the child with more wisdom than the sage in many things. Who has taken pains to observe it and not learned lessons that should never be forgotten? He who has not done so should make haste to secure an opportunity to do so. The doctor, above all men, should observe these things, for he needs them in his business. Study the child in sickness. It will pay to be attentive. I can say without fear of successful contradiction, that a child will not ask for food when it is seriously ill. It will refuse food if it is proffered at such a time. Only by persistent persuasion will it consent to partake of food at all when sick. Even a babe at the mother's breast will nurse only after having its face jammed persistently against the breast whenever it is fretful. There is no other escape from the persecution. I look back now at the fear I had in my early days in the practice, that the patient would starve to death before he could recover. But the man, the full-grown child, he forgets the wisdom of the horse, the dog and the child, and being fearful lest he starve, forces down his gullet that against which

his stomach rebels. He is so determined to banquet that stomach of his that he concocts all sorts of abominations which he calls food and pours it down his throat like dumping slop into a sewer. Failing in this, he turns the hose on the other end and squirts it into his unoffending bowel, believing he saves his life thereby.

Yes, comparisons are odious, but please compare the wisdom of the horse, the dog, and the child, with the folly of the man, and learn a lesson from the comparison. Which is to say, do not feed your patient to death when his digestive organs want a rest.

A. F. S.

### MEXICO.

Said Professor Bloyer, less than a year ago, "whoever travels with Dr. Gemmill travels with a boon companion; whoever fishes with Dr. Gemmill fishes with one whose soul is in the work, and whose heart is equal to every emergency." All this I can support, and I might go further and state that whoever travels with Dr. Gemmill, and sleeps, and eats, and drinks, and wanders among strange people with Dr. Gemmill, is in the company of one ready to enjoy whatever may come and pleasantly take whatever bothers of travel may come, regardless. I can well say this, because for six weeks Dr. Gemmill and I travelled together in Mexico, across and down the Gulf of California, among the innumerable islands that dot its waters, and with a people who, as a rule, are free from care, in a land where the sun shines all the year round, where frost never comes, and where snow is a thing unknown.

But enough. A few words concerning a stranger's impression of Mexico. As we struck down from the state line into Sonora, and moved onwards down toward the Gulf, we found the cactus growing larger than the cactus shrubs we found in Arizona. Trees had they become, so far as size is concerned. Grotesque are they in form, of many shades and colors are they, from the deep brown of the old trunk, through various shades of green, to the downy purple of the young twigs on some of the species. Many are the forms of cactus that come and go as we speed along, many are the other varieties of tree and shrub. The sand stretches to the right and to the left. Barren sand would it be but for such vegetation as we have described, and the desert mesquite tree, that hardy wood which loves to grow where only such as it and cactus can abound.

In the distance are lines of mountains, somber and gray, which we sometimes approach to find them not altogether bare, for they are more or less covered with cactus and tropic desert growths. Now we cross a river dry as dust. Next we pass a well sunk in the hot sand. The primitive water carrier raises the water by a primitive water elevator, turns to glance upon the train that moves past, and then turns back again to his work in the heated sand.

We pass adobe houses before which, motionless, with their colored shawls about their shoulders, and picturesque wide-rimmed hats, the

rims turned up behind and turned down before, stand the stolid Mexicans, brown as are the adobe houses, indifferent to us as are their simple homes. On we move, commenting on this and that strange sight, which in this land of charming originality, come before us. Now we reach an adobe village. The children are Mexicans, the women and men are Mexicans, the very dogs are Mexicans, all are strange. We remember now the traditions of the past, the stories we have been told about the treachery of the Mexicans, but as yet we have seen no evidence to lead us to think of crime, nor have we seen any indication of wrong. But yet the stories of the past are with us, and when at last we reach the lower end of the little railroad, and know that beyond us is Mexican, pure and simple, that the way of the tourist lies behind us, that we are among a foreign people, strange in dwellings, unique in habits, different from our own, and that the tongue we speak is as strange to them as is theirs to us, we hesitate somewhat as to the next move.

Here the writer met his son, who weeks before had started down into this strange land for the purpose of collecting insects, but who now, strangely enough, seemed both in dress and action, to be at home among these people, who were to Dr. Gemmill and myself so strange. Together we went to the little hotel, built as are the larger houses in that section, about a hollow square, in the center of which stand cocoanut trees, a group of palms, or even a tropical grove. Here we found the office of the hotel, scarcely enclosed from the public, on the inside open porch, onto which the rooms of the hotel also opened. The man who addressed us, the clerk, could speak no English, but we put our names on the register, and then turned to our room. As we opened the door we found that it was not locked. "Tom," said I to my son, "you forgot to lock your door." "No," said he, "we never lock the doors here." Entering the room, I found the valuables exposed, the trunk open, the valise unlocked. "Tom," I said, "these people will steal everything you have." "Nobody steals anything here," was the answer. I turned to Dr. Gemmill. "Can this be Mexico?" "This is Mexico," my son replied. J. U. L.

[To be continued.]

#### THE UBIQUITOUS TESTIMONIAL.

In a recent issue of a medical journal there appeared an editorial which derided the testimonials of sundry and various persons regarding the virtues of remedies commonly classed as "patent medicines," and also bemoaned the fact that members of the medical profession and in a few instances even college professors recommended this class of preparations. My sympathies were with the editor, but unfortunately, in an idle moment the advertising pages were looked over, and behold, there was an advertisement of one of the most stupendous frauds ever perpetrated, that is, an absorption treatment for cat-

aract, no matter whether capsular or lenticular, according to the advertisement.

The virtues of this nostrum were backed up by a testimonial from a reputed M.D. Now, among oculists, and also among physicians who know the difference between a cataract and a hemorrhoidal tumor, it is a well known fact that in some instances spontaneous absorption occurs, but these cases are in the minority. It is also known that when absorption does take place, the patient must wear proper correcting lenses for both distant and near vision, but according to those voracious advertisers, no such aids are necessary, provided the only and original absorption treatment is employed.

The writer has seen many cases which have been treated by the so-called "absorption treatment," and has never seen a case which was benefited.

In conversation with oculists of international reputation, the same reports have been made. There is not an oculist in the world who would not be glad to know of and use a sure method of treating cataracts without the knife, if there was such a method giving as good or better results. When operative measures show only about 5 per cent. of failures, however, and there is no other known procedure which will give any where nearly as good results, there will be a hesitancy among the honorable men of the profession to adopt means which are bolstered only by the claims of the manufacturers.

In my experience cases of corneal opacities, pterygium, glaucoma, atrophy of the optic nerve, chorio-retinitis, and toxic amblyopia have been brought to me for cataract operation, and in nearly every case the lens was transparent. Of course many of these cases could not be benefited, as the destructive process was either not amenable to treatment or had gone to such a point as to render treatment futile.

Recently preparations purporting to cure all the ills that human eyes are heir to have appeared in the market, and these also have testimonials lauding their virtues. There is a trite saying which runs something as follows: "Quackery and charlatanism are supported by two crutches, the testimonials of old women and clergymen."

The so-called doctor who is so deficient in cerebral gray matter that he is not better qualified to prescribe for his patrons than some firm manufacturing a cure-all had better quit the business. This kind of prescribing is simply reviving the old fallacy of entity in disease, which has passed through all the stages from demonology to microbes; the use of charms, amulets, incantations and bacteria killers; and I honestly believe the charms, etc., were less harmful than the latter-day nostrums so extensively advertised in the medical and secular press.

K. O. F.

## THE NATIONAL.

A political party, a religious denomination, or a medical school is strong just in proportion to its organization. There must, of course, be great principles back of the organization, yet principles alone, make but poor headway in this active, bustling age. Eclecticism has done a great work in the past 75 years, and the medical world is vastly richer for her work, and yet her mission is just as important to-day as it was when Wooster Beach first began his work for a better system of medication. Her mission to-day is to give to the world the practical application of her splendid therapy. Much is being said about a union of all schools, and a few of our own school, without giving the subject much thought, have advocated the same measures. A careful study of the present day medication, however, must convince any thoughtful person that the mission of Eclecticism has but fairly begun. The increased mortality in the two most prevalent diseases of our country under regular treatment is the most convincing argument for the perpetuation of Eclecticism.

**THE NEED FOR ORGANIZATION.**—In order that the school secure the best efforts from her host of workers, it is necessary for a more perfect organization. Ten thousand Eclectics and only 5 per cent. members of the National Eclectic Medical Association, and less than 25 per cent. members of the various State Societies.

Surely we can never take the position that rightfully belongs to us nor do the work that we are capable of doing, with an organized membership of 5 per cent. of her followers. No eclectic that practices the system or loves liberal medicine can afford to longer withhold his support from his State and National Society. Let every Eclectic that desires to see a great forward movement, that wants to have some part in the successes that are just before us, decide to become a member, both of his State and National Organization.

**ST. LOUIS, THE MECCA IN 1904.**—This will be an opportune year to join the National. The eyes of the world are turned to "The Ivory City," and the \$50,000,000 Fair will be the marvel of the world. Every Eclectic physician must visit St. Louis, the World's Fair and The National Association in June.

**THE TIME.**—Don't forget the date, June 14, 15, 16, 17, 18.

**ELECTIC DAY.**—The Fair Commissioners have designated Wednesday, June 15, as *Eclectic Day*. Just what will be on for the day is not known, but you may be sure that it will be an occasion long to be remembered. Every Eclectic, regardless of his being a member of the National, should be on hand to swell the crowd and incidentally to have the time of his life.

**HEADQUARTERS.**—The Hotel Epworth has been selected as headquarters and place of meeting. The hotel is located three blocks north of the Fair grounds or within four minutes walk of the main entrance to the Fair.

The Association has engaged the entire second floor of the hotel or 150 rooms at a rate of \$1.00 per day, two persons in a room. It is very important that every physician who expects to attend the Association, secure his room as soon as possible. There are only 50 rooms left on this floor and they are going rapidly. Write at once to Dr. H. H. Helbing, 4235 West Belle Place and secure your room.

THE PAPERS.—Section work has been divided into three departments, namely: Medicine, Surgery, and Specialties, and it is now the intention to run the three departments at the same time; in this way most of the papers can be read and discussed. Doctor, come prepared to either read a paper or take part in the discussion.

FINLEY ELLINGWOOD, M.D., Sec'y. R. L. THOMAS, M.D., Pre'st.

#### COMMENCEMENT EXERCISES.

The Fifty Ninth Annual Commencement Exercises of the Eclectic Medical Institute were held at the Scottish Rite Cathedral, Cincinnati, O., Wednesday evening, April 20, 1904, at 8 o'clock. The following programme was rendered:

- 1 Music—March: "Heart of America".....Hacker
- 2 Invocation.....Rev. L. P. Mercer
- 3 Music—Selection: "The Mocking Bird".....Sloane
- 4 Dean's Report .....Prof. Rolla L. Thomas
- 5 Music—Solo .....Miss Nannie Flack
- 6 Music—Entre Acte: "La Soubrette".....Boex
- 7 Conferring Degrees.....Prof. John Uri Lloyd, Ph. M.  
President of the Board of Trustees.
- 8 Music—Cornet Solo, Selected.....Ferd Weiss
- 9 Address.....Judge J. Soule Smith, Lexington, Ky
- 10 Music—Intermezzo: "Diantha".....Stein
- 11 Benediction.....Rev. L. P. Mercer
- 12 Music—Finale: "E. M. I.".....Weber.

The following is a list of the graduates:

Squire George Backus, W. Va.	Howard C. Hart, Indiana
Nicholas C. Baumann, Ohio	Charles C. Housmyer, Indiana
James Turner Brodnac, Ohio	Harry O. Kingley, Pennsylvania
G. Darwin Callihan, Kentucky	Clifford P. Krohn, Ohio
William G. Choate, Arkansas	Frank N. McLaren, Illinois
George W. Clark, Pennsylvania	Thaddeus McLaughlin, Ohio
Urling C. Coe, California	Matthew W. Meadows, Kentucky
Thomas F. Collins, Pennsylvania	Vance T. Reynolds, Ohio
Percy E. Decatur, Ohio	Laban F. Robbins, Kentucky
Richard D. Doughty, Ohio	William O. H. Ross, Ohio
Frederic E. Elliott, Missouri	James G. Sherman, Ohio
James Wesley Gage, Indiana	Florence Stir-Smith, W. Virginia
Myron Hanna, Ohio	George W. Smith, W. Virginia
Wilbur Carl Toby, Kentucky	Total, 27

**ALUMNAL ASSOCIATION.**

The annual meeting of the Alumna! Association was held Wednesday afternoon, April 20th, and was called to order by President Sherman. The Secretary read his annual report, followed by the Treasurer's report. About forty new members were elected. The annual address was read by Dr. S. M. Sherman, Columbus, Ohio, class 1875, followed by a paper on "Our duty to our Alma Mater," by Dr. A. F. Stephens, of St. Louis, Mo., class of 1885. Dr. Urling C. Coe, of San Francisco, Cal., class 1904, then made an address on "The class of 1904." All of the papers were well received. The following officers were elected for the ensuing year:

President—R. C. Wintermute, M.D., Cincinnati, O.  
 1st Vice President—M. S. Canfield, M.D., Frankfort, Ind.  
 2nd Vice President—W. L. Werner, M.D., Thomas, W. Va.  
 3rd Vice President—J. P. Harbert, M.D., Bellefontaine, O.  
 Secretary—John L. Payne, M.D., Cincinnati, O.  
 Treasurer—Charles Gregory Smith, M.D., Cincinnati, O.

Interesting remarks were then made by the various class representatives present.

In the evening, after the Commencement exercises, the annual banquet was given to the graduating class, there being over 130 persons present. Dr. Kent O. Foltz acted as Toast-master. Hon. John E. Bruce responded to the toast, "The True Hero." Rev. L. P. Mercer, "The Ladies," and Frederic Estabrook Elliott, M.D., "The Class of 1904."

**THE COLLEGE FACULTY.**

At the annual meeting of the Board of Trustees of the Eclectic Medical Institute the following Faculty changes and additions were made:

Rolla L. Thomas, M.D., Dean of the Faculty.  
 W. E. Bloyer, M.D., Professor of Materia Medica and Therapeutics.  
 Herbert E. Sloan, M.D., Professor of Didactic Surgery.  
 Charles Gregory Smith, M.D., Professor of Chemistry.  
 John L. Payne, M.D., Professor of Hygiene and Demonstrator of Histology and Pathology.  
 George H. Knapp, M.D., Assistant in the Medical Clinic.  
 D. M. Ulery, M.D., Assistant in the Eye and Ear Clinic.

Professor H. W. Felter retains the chair of Anatomy, and Professor Spencer the chair of Physical Diagnosis and Electro-Therapeutics.

Herbert E. Sloan, M.D., formerly of Clarksburg, W. Va., graduated from Marietta College in 1895 and was valedictorian of the class of 1898, E. M. Institute. C. G. Smith, M.D., E. M. I., 1890, has been Demonstrator of Chemistry. John L. Payne, M.D., E. M. I. graduated in 1899.

The next annual session will open Sept. 19, 1904, and continue thirty weeks.



**MAY SOCIETY MEETINGS.**

Indiana, at Terre Haute, May 11 and 12.—Z. T. Hawkins, Secretary, Swayzee.

Iowa, at Des Moines, May 11 and 12.—E. D. Wiley, M.D., Secretary, 310 Walnut street, Des Moines.

Illinois, at Chicago Auditorium Hotel Annex, May 18-20.—W. E. Kinnett, M.D., Secretary, Yorkville.

New Jersey, at Newark, May 24.—G. E. Potter, M.D., Secretary, 87 Halsey street, Newark.

Kentucky, at Louisville, May 3 and 4. special railroad rates.—J. C. Mitchell, M.D., President, Louisville.

Pennsylvania, at Latrobe, Parker House, May 26 and 27—Nannie M. Sloane, M. D., Vice President, Latrobe.

Tennessee, at Nashville, May 25 and 26.—B. L. Simmons, President, Granville.

West Virginia, at Wheeling, May 26 and 27.—At residence of Dr. J. A. Monroe, 2711 Eoff street.

Wisconsin, at Madison, May 24-26.—F. P. Klahr, Secretary, Horicon.

Michigan, at Grand Rapids, May 18 and 19.—Hotel Livingston.

**JUNE MEETINGS.**

National E. M. Association, at Hotel Epworth, St. Louis, June 13 to 18.—Dr. R. L. Thomas, President, 792 E. McMillen street, Cincinnati, O.; F. Ellingwood, Secretary, 100 State Street, Chicago, Ill.

Massachusetts, at Boston, June 3 and 4.—A. L. Pattee, M.D., Secretary, Falmouth.

Missouri, at St. Louis, June 13 and 14.—Dr. H. H. Helbing, 4235 West Belle Place, St. Louis.

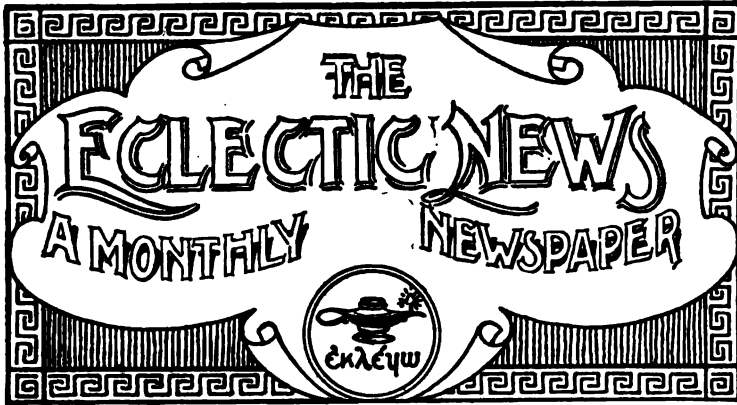
New England, at Thorndyke, Boston, June 2 and 3.

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The 30th annual session of the Georgia Eclectic Medical Association was held in the rooms of the Hotel Kimball, Atlanta, March 31. President Durham, presiding. Mayor E. P. Howell welcomed the visitors to the city. The meeting was one of the very largest, in the point of attendance and papers and questions discussed, ever held in the history of the Society. Ten papers were read and discussed under the section of Practice and seven under the Section of Surgery.

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**FOR SALE.**—House for consumptive. Good adobe house almost new, with large open fire place. Price, \$300. One day's stage drive north of Tucson, Arizona, in the Catalina mountains. Altitude 4,500 feet, granite soil, no dust, humidity almost nil. For particulars, address J. W. Estill, postmaster, Oracle, Arizona.



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### BOOK NOTICES.

**SOCIAL DISEASES AND MARRIAGE. Social Prophylaxis.** By Prince A. Morrow, A.M., M.D. Lea Bros. & Co., New York and Philadelphia, 1904. 390 pages. Cloth, \$3.00.

This remarkable book, from the pen of one most eminent in the treatment of diseases of the genito-urinary tract, discusses at length one of the greatest of present day subjects, that of social hygiene. When we are confronted by the fact that a very great majority of the diseases of women are due to venereal infection, too often innocently contracted, then are we ready to welcome such suggestions as are offered in this admirable book. Think of the thousands of children annually born into the world only to pass their days in total blindness; think of the myriads who never pass the full utero-gestative period, but become the victims of abortion; think of the miseries entailed upon woman through the ignorance of husbands and the careless advice of doctors in regard to chances of venereal contamination, and then are we more than ready to thank one like Prof. Morrow, who has endeavored in this admirable treatise to shed light and give instruction on this important medico-social topic. The most widespread and universal disease of the male is gonorrhoea, amounting to upwards of 75 per cent.; syphilis is estimated at as high as 15 per cent. In a Russian rural community it is known that 75 to 80 per cent. of syphilis is due to infection in married life or to extragenital inoculation. Many miscarriages and abortions are due to syphilis and Dr. Morrow states that his "observations at the New York hospital extending over a period of several years would indicate that fully 70 per cent. of all women who come there for treatment were respectable married women who had been infected by their husbands." The importance of this subject is well pointed out in this statement from Prof. Morrow's book:

"No disease has such a murderous influence upon the offspring as syphilis; no disease has such a destructive influence upon the health and procreative function of women as gonorrhoea. Since the welfare of the human race is largely bound up in the health and productive capacity of wife and mother, the sanitation of the marriage relation becomes the most essential condition of social presentation." Dr. Morrow divides his topics into three parts: gonorrhoea, syphilis and prophylaxis. The book is one of the best of the year and should be in the hands of every progressive physician.

H. W. F.

**VON BERGMANN'S SURGERY.** A System of Practical Surgery. By Dr. E. Von Bergmann, of Berlin, P. Von Bruns, of Tübingen, and J. Von Mikulicz, of Breslau. Edited by William T. Bull, M.D., New York. To be complete in five Imperial Octavo volumes, containing over 4,000 pages, 1,600 engravings and 110 full-page plates in colors and monochrome. Sold by subscription only. Per volume, cloth, \$6.00. Volume I, just ready. 936 pages, 361 engravings, 18 plates. Lea Bros. & Co., Phila., Pa.

In Volume I, of Von Bergmann's System of Surgery, the author and his assistants have brought the very latest conceptions of regional surgery of lesions of the skull, and pathological conditions involving all parts of the head and face, including anomalies of the nose, mouth, pharynx, and adjacent tissues.

The scope of this great work with such a grand old man as Von Bergmann, favorably known wherever civilization exists, and backed by such eminent men as Von Bruns and Von Mikulicz, and reinforced by the large experience of our best American surgeons, gives the American profession a surgical work of rare merit indeed. While this work is encyclopedic and regional in character, the different volumes are so classified that research is easily attained by the busy surgeon, who may wish a resume of the different topics discussed.

The conception of this work receives our commendation and endorsement without reserve; as it brings to the American profession much that is rare and of great value, ripened by years of arduous clinical study in the universities of Europe, with the sanction of the best European operators.

The work should be in the library of every surgeon who wishes to be abreast of the times.

L. E. E.

**THE INTERNATIONAL MEDICAL ANNUAL.** A Year Book of Treatment and Practitioner's Index. 1904. Twenty-Second Year. E. B. Treat & Company, New York. Price, \$3.00.

We have had occasion to review this Annual for several years past; commending it to the practitioner as a handy work of reference. The present volume is no exception and maintains the high standard of those preceding it. Some of the illustrations of the present volume are exceedingly fine and of unusual interest. The stereoscopic views of the ear, and those depicting the characteristics of the eruptions of the acute, contagious, exanthematous diseases are especially so.



## THUJA. *Arbor Vitae.*

A coniferous tree, known also as Yellow Cedar and Tree of Life. The parts used in medicine are the twigs and small leaflets.

**HISTORY.**—Thuja has a European reputation. Boerhaave employed distilled water of Thuja; Hahnemann introduced Thuja into the Homeopathic school; Schoepf, in 1785, commended it in scurvy; Peter Kalm reports that the bark and leaves were used locally in Canada, and other early authorities testified to its value. It was introduced into Eclecticism by Dr. Dickey, in 1862, through an editorial by Dr. Scudder, and then lay dormant until Prof. Howe, in 1880, began his study of the drug, which attained its popularity through his enthusiastic commendation of it.

### SPECIFIC THUJA.

The preparation made by us for Dr. Howe was an alcoholic liquid, purified of inert extractive matters, he desiring to inject it in hydrocele, and otherwise use it in surgery where extractives were not admissible. To this he applied the name Lloyd's Thuja. When the preparation came into established use it was given a place in the Specific Medicine list, thus making Lloyd's Thuja and Specific Thuja identical.

**SPECIFIC USE.**—Internally as a stimulating remedy in tenesmus and dribbling of urine in the aged, and in nocturnal incontinence.

℞ Thuja, 3as to ℥ijj.

Water, ℥iv.

**MISC.**—Teaspoonful every one to three hours.

Locally, the undiluted Specific Medicine to chronic skin affections, warts, and obstinate condylomata, and to cancerous, syphilitic, and scrofulous growths. As an injection in Hydrocele, after withdrawing the serum, use equal parts of Thuja and warm water, kneading the scrotum well that the mixture comes in contact with all parts.

### LONG'S THUJA.

Owing to the irritating action of alcohol in the eye and in broken surfaces where the stimulating action of Thuja is desired, we prepared for D. Thomas Long, Topeka, Kansas, a preparation in unctuous condition, free from alcohol, and known as Long's Thuja, to be used where alcohol would be objectionable and oleaginous agents not ad-

missible. When non-alcoholic Thuja is ordered, we give this preparation.

**USES.**—For trachomic lids, apply locally to the affected part, the smarting sensation will soon subside. Repeat as necessary. It will readily mix with vaseline, and can be diluted in that way.

### AQUEOUS THUJA.

In some instances where alcohol is not admissible and a fatty substance not desirable, an aqueous solution of Thuja is employed under the name Felter's Thuja, Professor Felter having first used it. This preparation is an aqueous solution of the soluble principles of Thuja, destitute of the resin and fixed oils of Thuja, and can be used with an atomizer in spraying the throat, and otherwise where such a preparation is desirable.

**USES.**—Apply locally or by atomizer in the throat.

### OIL OF THUJA.

By distillation of Thuja in water, a colorless volatile oil of camphoraceous odor is obtained. It is destitute of astringency, and resembles the oil of Cedar and Tansy.

An extractive fixed oil of Thuja of a deep green color, of a strong aromatic odor, both astringent and stimulating, has been made by us for some years under the name Oil of Thuja. This can be used to mix with vaseline to make a stimulating ointment similar to Long's Thuja.

**USES.**—Mix with ten to sixteen times its bulk of vaseline and use as directed for Long's Thuja.

The preparations of Thuja are aseptic, astringent, stimulant.

Send for pamphlet giving full and complete uses of Thuja in medicine.

**LLOYD BROTHERS, Cincinnati, Ohio.**

**ECHAFOLTA. (The Best Remedy for Blood Depravation.)**

This is the choicest of all preparations of Echinacea, and has the following history: In 1887 we introduced Echinacea in the form of a tincture. We did this years before any other pharmacist knew of the drug.

As does all percolates of this drug, and all colored preparations of it, the tincture contains impurities which disturb its action and lessen its value. This we early discovered, for crude Echinacea root is a very impure drug. It contains much plant dirt, much sugar, much glucose, much inert coloring matter. These go into ordinary preparations of Echinacea. In surgical cases such impurities of Echinacea may be serious. Coloring matters, organic ferments, and glucose are inadmissible. No colored preparation of Echinacea should be applied to a wound or used internally.

We experimented to overcome these imperfections, and finally discovered how to do so. This was accomplished years ago. The perfected preparation we named Echafolta.

Echafolta is the only perfect representative of Echinacea. It is the preparation that broadly established the value of Echinacea. This we can say by authority, for we introduced both Echinacea and Echafolta, and on our preparations the value of this drug was established.

Whoever has a bottle of Echafolta may accept that whatever is possible of any preparation of the drug Echinacea is at his command.

Echafolta contains no water, no glucose, no sugar, no tannates, no inorganic salts, no albumen, no gum, no coloring matters, no organic germs or organic ferments. Echafolta is clean, but yet is complex. It is a complete representative of the drug Echinacea carrying its full drug value.

The uses and dose of Echafolta are given in full on each label. It is a marvelous remedy—the most popular of all remedies in diseases that involve blood depravation. It is a corrector of blood dyscrasia, non-poisonous, and has advantages over all other medicaments for this purpose. Its field of usefulness is already great, and yet, is not fully developed. To all this the medical profession attests. Physicians using Echafolta commend it to their professional friends who in turn praise it to others. Thus the reputation of this choice remedy, now the standard for sepsis, was established before the crude drug from which it is made was known to commerce.

• In our recent pamphlet on Libradol, a remedy that relieves pain by local application, mention is made of Echafolta. This brings to us a great number of inquiring letters, inasmuch as the field of Echafolta is one of the most important confronting physicians. In response to these requests the present treatise is prepared, the object being to extend information concerning Echafolta and its uses. Let us repeat that we make no family medicines, secret mixtures, or self-cures for the people, our preparations being prescribed by physicians and obtained through their druggists. To plant preparations, our specialty, we have for years devoted persistent study, and our products are representative. Let us hope that Echafolta, a remedy as invaluable in its field as is Libradol in its own, may prove as useful to physicians who are now unacquainted with that preparation as is Libradol to those using that effective remedy for pain.

Echafolta is carried in stock by every jobbing druggist in America. It is to be obtained in original vials at the following prices: Four ounce, 55 cents; eight ounce, \$1.00; sixteen ounce, \$2.00. Should the remedy not be at command of a physician desiring it, we will mail a four-ounce bottle on receipt of 77 cents. As has been said, each bottle is accompanied by detail uses and doses.

LLOYD BROTHERS, CINCINNATI, OHIO.

The section on therapeutics and materia medica is remarkable by reason of the dearth of new material. In fact, the author of the section says, "No great therapeutical discovery has been made during the past year."

W. N. M.

**SIMON'S CLINICAL DIAGNOSIS.** By C. E. Simon, M.D. Octavo, 695 pages, 22 colored plates. Cloth, \$4.00 net. Lea Brothers & Co., Philadelphia.

The fact that four large editions of this book have already been demanded, the last of which was completely exhausted in less than two years, proves this to be a very valuable book.

Exact methods of diagnosis are of comparatively recent development, and as they underlie all successful treatment, they should be understood and practiced by every physician. These methods are not complicated nor abstruse, and the object of this volume—an object which has been most satisfactorily attained—has always been to set forth and explain these methods and their practical application so simply that they may be readily grasped by every student and practitioner.

For convenience of reference the subject of leucocytosis has been re-arranged in such manner that hyperleucocytosis and hypoleucocytosis are separately considered in connection with the different varieties of leucocytes. A new section deals with the kryoscopic examination of the blood. Illustrations, including colored plates as well as engravings, have been added wherever they appeared necessary to elucidate the text, and this new edition will without doubt greatly increase the already wide usage which the volume enjoys. W. E. B.

**A PRACTICAL TREATISE ON NERVOUS DISEASES for the Medical Student and General Practitioner.** By F. Savary Pearce, M. D. Colored frontispiece. Ninety-one illustrations in the text; many in colors. 400 pages. Price \$3.00. New York: D. Appleton & Co.

This text-book on nervous diseases has been written especially for the student and general practitioner. It has been the object of the author to curtail details on doubtful points in neurology, and to present compactly the principal facts, relating to nervous affections. This work is especially strong in diagnosis, and we recommend it as a valuable acquisition to the working library of the physician. L. W.

**AN EPITOME OF INORGANIC CHEMISTRY AND PHYSICS.** By A. McGlannau, M. D. 12mo, 216 pages, illustrated with 20 engravings. Cloth, \$1.00 net. Lea Brothers & Co., Publishers, Philadelphia.

This book is one of the most complete and thorough we have ever seen. It is not only a book for the student, but it is one which the busy practitioner cannot afford to miss. It is complete and strictly up to date.

C. G. S.

**PRACTICAL MEDICINE SERIES, July, 1903.** Therapeutics, Preventive Medicine, Climatology, Forensic Medicine. The Year Book Publishers, Chicago, Ill. Price \$1.50.

The book in its 325 pages contains much information; a portion of which is good, some that inclines to make one suspicious that it has been culled from some one that has not been given credit, or rather that it has been rediscovered. Some of the theories are really fantastic. But after all, a careful perusal of the work will leave the reader richer in knowledge, and he cannot but feel that it was time well spent. The newest remedies and plans of treatment are considered, also some of the oldest.

C. G. S.

### COLLEGE AND SOCIETY NOTICES.

WHITE HEATH, ILLINOIS, April 18, 1904.

**DEAR DOCTOR:** The time for our National meeting is drawing near. Less than two months remain in which to make preparations to attend this monster gathering, which will be the greatest our Association has ever known. We wish to call your attention to some important items connected with this meeting.

*First, Railroad Rates.*—Herewith is appended a schedule of the rates which will prevail during the Louisiana Purchase Exposition:

1. All tickets passing through St. Louis permits stop over of ten days at St. Louis.

2. Season Tickets. Eighty per cent. of the double one-way fare to St. Louis and return via route traveled. (Tickets on sale April 25th, continuing during the period of the Exposition with final return limit to Dec. 15, 1904.)

3. Sixty-day Excursion Tickets. Excursion Tickets will be sold to St. Louis daily, beginning with April 25th, and continuing during the period of the Exposition, with final return limit of 60 days, but not later than Dec. 15th. Rate one and one-third west-bound fare.

4. Ten to fifteen day Excursion Tickets. Excursion tickets will be sold to St. Louis daily, beginning April 25 and continuing during the period of the Exposition, with final return limit of ten days including date of sale, from territory 350 miles or less, from St. Louis, and not to exceed fifteen days from territory more than 350 miles from St. Louis. Rate one west-bound fare plus \$2.00.

5. Coach Excursions. Coach Excursions will be run from all points east, south-east, and northeast to St. Louis, on dates to be hereafter agreed, upon basis of one cent per mile each way.

*Second, Hotel Rates.*—By means of a deposit from the National treasury which has been explained heretofore, rates have been secured at Hotel Epworth at the rate of \$1.00 per day per person, two persons to a room. You are urged to send in your application for rooms *at once*, stating number of rooms desired and length of time they will

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WIDELY USEFUL IN  
SURGERY OF THE EYE, EAR, NOSE,  
THROAT, VAGINA AND URETHRA,  
AND IN  
PRACTICALLY EVERY FORM OF HEMORRHAGE  
ENCOUNTERED BY PHYSICIAN AND SURGEON.

Its remarkable potency, broad usefulness, prompt  
action, and freedom from untoward results, stamp  
ADRENALIN as one of the most notable agents  
in the materia medica.

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use), 1 part Adrenalin Chloride,  
1000 parts normal salt solution—  
In ounce glass-stoppered vials.  
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OF MARKED VALUE IN

TYPHOID FEVER	CHOLERA
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DYSENTERY	GONORRHEA
PUERPERAL FEVER	MALIGNANT EDEMA

and other diseases of like origin in which  
the source of infection can be reached by the  
solution.

*In the opinion of many physicians Acetozone  
is the most remarkable antiseptic ever brought  
to the attention of the profession.*

Supplied in ounce, half-ounce and quarter-ounce bottles; also  
in vials of 15 grains each, 6 vials in a box.

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CITY, MINNEAPOLIS, INDIANAPOLIS, MEMPHIS; LONDON, ENG.; MONTREAL, QUE.;  
SYDNEY, N.S.W.; ST. PETERSBURG, RUSSIA; SIMLA, INDIA; TOKIO, JAPAN.



# **A VALUABLE REMEDY**

in conditions attended with  
malnutrition, general debility and  
nervous exhaustion is

## **GRAY'S** Glycerine **TONIC** Comp.

Its reputation is based  
upon twenty years' successes  
in cases unbenefited by  
other treatment.

THE PURDUE FREDERICK CO.,

No. 15 Murray Street, New York.

## **The Shepard-McMillen Sanitaria** NEAR COLUMBUS, O.

### **The Shepard Sanitarium**

**For Chronic and Nervous Diseases.**

W. E. POSTLE, M. D., Supt.

Address, Shepard, Ohio.

TELEPHONE 389.

We shall continue Dr. Shepard's methods of massage and rest so successfully used by him here for the past fifty years. Combining with them modern medical treatment for all forms of chronic, nervous and female diseases.

### **The McMillen Sanitarium**

**FOR MENTAL DISEASES.**

BISHOP McMILLEN, M. D., Supt.

Address, Shepard, Ohio.

TELEPHONE 2406.

All forms of diseases with mental complications admitted. Alcoholic, Morphine, and other drug habits treated. We offer special medical treatment, good care, night attendance, up-to-date equipments, and constant personal supervision.

STREET CARS TO DOORS.

While these institutions are the successors of Shepard's Sanitarium they have entirely separate business management, employes, patients and grounds.

Patients find these sanitarium, with their large shaded lawns, beautiful places in which to secure rest and comfort while being treated. Write us, state patient's condition in full, and ask for terms of admission and catalogue.

PROFESSIONAL CORRESPONDENCE SOLICITED.

be wanted. You will be supplied with a certificate entitling you to the above rate, and saving you infinite worry and trouble when you reach St. Louis. Of the one hundred and fifty rooms reserved for the National one hundred and five have been taken; so, doctor, hurry up and secure yours from the remaining number. We wish particularly to call your attention to

*Means of Reaching Hotel Epworth.*—Take north-bound Eighteenth street cars and transfer to west-bound Delmar avenue cars on Washington avenue, which will take you to within one block of the hotel, whose location is 7100 Delmar avenue.

In answer to many inquiries we will say, there is to be no certificate plan on the railroads; the rates for the Association will be those in force for the World's Fair.

Everything points to a grand meeting. The Eclectic medical societies of Missouri and St. Louis are planning great things for our entertainment, the World's Fair holds out wonderful inducements for our recreation, while the splendid program shaping itself into completion promises feasts delectable to the intellect. Let us see you there, doctor, without fail.

Faternally,

FLORENCE TIPPETT DUVALL, M. D.,

Cor. Sec. N. E. M. Association.

#### Ohio State Eclectic Medical Association.—Fortieth Annual Meeting.

Once again the time for the meeting of the Ohio State Eclectic Medical Association draws near. We meet again this year at Put-in-Bay, Lake Erie, Ohio. The date is July 12, 13 and 14. The sessions of the Association will be held in the Assembly Hall of the magnificent Hotel Victory. As the management of the Victory has always accorded us a royal welcome and first-class accommodations in every respect in the past, we have every reason to expect the same treatment this year. It will not be necessary to secure certificates of purchase when buying railroad tickets, as all roads sell a summer ticket at about a fare and a third for the round trip; including steamer fare. Baggage can be checked to destination. Already many members have responded to return postals sent out; and an interesting program and a large and enthusiastic meeting is assured. We also know of quite a number who will apply for membership. The officers are leaving nothing undone to make this meeting a grand success. We can secure you a good meeting and a good time. Every good Eclectic should be a member of the State Association. If you know of any one in your community who should belong, write the Corresponding Secretary for a blank petition and bring him in. The initiation fee is \$3.00. This includes the first year's dues. The dues thereafter are \$2.00 per year. All members are entitled to a copy of the Transactions free. Steamer time, hotel rates and all other information will be in the June and July journals and also in the program,

which will be mailed to all. Blank petitions for membership and all other information may be obtained by addressing the President or Corresponding Secretary.

W. E. POSTLE, M.D., Shepard, Ohio, President.

CHAS. GREGORY SMITH, M.D., Corresponding Secretary,

224 Dorchester Ave., Mt. Auburn, Cincinnati, Ohio.

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**Tau Alpha Epsilon Fraternity Notes. N. C. Coe, M. D., Editor.**

Under the above heading there will appear from time to time in both the JOURNAL and the Gleaner items which will be of interest to all T. A. E. members, no matter from what school they have gone out or what chapter they may have been affiliated with. We take it that all true Tau Alpha Epsilon are readers of these journals (if they are not they should be), hence they are the best medium through which the various chapters may keep in close touch with each other and with the members who have gone out from the colleges.

The rapid growth and expansion of the fraternity in the various Eclectic Colleges in the last two years is a source of gratification to all. Beta Chapter, in the American College at Chicago, has flourished from the start, and Delta Chapter in the Bennett College bids fair to do the same. Gamma Chapter, in the Lincoln College, started under very favorable conditions with about twenty-five charter members, and should soon be a strong chapter.

All members, except a very few whose locations are unknown to us, have received notice of a national T. A. E. reunion to be held during the National Association meeting in St. Louis. Of course we expect an enjoyable, social reunion, but the primary object of the meeting is to form a national organization. There is much business now awaiting the attention of a general assembly of the fraternity and in fact its organization can be put off no longer.

If you are a member and have not received notice of this reunion it is because we have not your address. Send us your address at once and make an effort to meet with us in St. Louis.

T. A. E. pins may be secured for \$3.10 each. Send your order to the Raisbeck Jewelry Company, 620 Vine street, Cincinnati, O.

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The Ladies' Auxiliary of the National Eclectic Medical Association would be pleased to see the wives, mothers, sisters and daughters of all of the members of the National Association this year at their meeting in St. Louis. This should be especially ladies' year as surely every one wants to visit the World's Fair which will be open at that time. Any lady who has never attended a meeting of the National Association will find this a favorable year to begin, and the Ladies' Auxiliary will do all they can to make it easy to get acquainted with other ladies, and we are sure if you come once you will want to come again.

The Association meeting commences Tuesday June, 14, 1904, and continues through parts of five days. Wives, persuade your husbands to come and bring you with them.

The Ladies' Auxiliary will have a meeting for election of officers and general business some time Tuesday. Every member is urged to make it her first duty to attend that meeting, and every lady in attendance at the Association will be cordially welcomed.

MRS. W. E. KINNETT, President.

MRS. W. E. BLOYER, Secretary.

The Illinois State Eclectic Medical Society will convene in the Green Room of the Auditorium Hotel Annex, Chicago, on Wednesday, Thursday and Friday, May 18, 19, 20, 1904. There will be a good program issued about the first of May that will reach the members and every physician in the State who claims to be Eclectic whose address we have, and we are making every effort to make this the best meeting the Society has ever held. We are making every effort to make it both interesting and profitable to all who attend, and we sincerely hope that every one who receives a program or who receives notice of the meeting will come. Do not save all your time and money to attend the St. Louis Exposition. We want you to help us out with our State meeting and then help us roll up a large delegation to attend the National in June. We want every Eclectic physician in the State to be a member of our State Society and then go as a delegate to the National, and remember in order to be a member of the National you must first be a member of the State Society. Please remember the dates and govern yourself accordingly.

W. E. KINNETT, M.D., Sec'y, Yorkville.

J. K. SCUDDER, M.D., Cincinnati, O. : Dear Doctor :—

The fortieth annual meeting of the Indiana Eclectic Medical Association will occur at Terre Haute on May 11 and 12, and yourself and the entire faculty of the E. M. I., are cordially invited to be present.

Officers of the Association are: President, M. F. Baldwin, M.D., Marion; 1st Vice President, D. R. Hauss, M.D., Sellersburg; 2nd Vice President, Morse Harrod, M.D., Fort Wayne; Recording Secretary, Z. T. Hawkins, M.D., Swayzee; Corresponding Secretary, Thos. Spaulding, M.D., Terre Haute, and Treasurer, H. V. Blosser, M.D., Fort Wayne.

The following excellent program has been prepared :

- 1 Notes on Medical Gynecology, by C. A. Tindall, M.D.
- 2 Erysipelas, a case in Practice, by Morse Harrod, M.D.
- 3 Dropsy and its Treatment, by E. F. DeVaux, M.D.
- 4 Cholera Infantum, by R. T. Laycock, M.D.
- 5 Pneumonia and its Treatment, by A. W. Porter, M.D.

- 6 Typhoid Fever with special reference to Diet, by Otis B. Nesbit, M.D.
- 7 Scabies, by W. W. Wheat, M.D.
- 8 Neurasthenia, by F. W. Moses, M.D.
- 9 Progressive Medicine, by Brose S. Horne, M.D.
- 10 Rheumatism and its Treatment, by T. W. Kennedy, M.D.
- 11 Tuberculosis, by Chas. N. Brown, M.D.
- 12 Prophylaxis of Tuberculosis, by W. S. Shafer, M.D.
- 13 Diphtheria, by W. H. Haifley, M.D.
- 14 Notes toward Lessening Crime, by De Ella Brown, M.D.
- 15 Some Hospital Reports, by Q. R. Hauss, M.D.
- 16 Railway Accidents, by C. R. Crow, M.D.
- 17 Lymphangitis from Gonorrheal Infection, by H. V. Blosser, M.D.
- 18 Practical Practice, by J. D. McCann, M.D.
- 19 Post-Scarlatinal Nephritis, by E. B. Sherman, M.D.
- 20 Is Life Worth Living, by T. S. Turner, M.D.
- 21 Typhoid Fever and its Treatment, by W. F. Smith, M.D.
- 22 Exophthalmic Goitre, by Henry Long, M.D.
- 23 Pneumonia, by W. W. Neff, M.D.

We expect a royal time and will have a fine evening program also. Will send you the printed programs of day and evening sessions soon.

Z. T. HAWKINS, Secretary.

The New England Eclectic Medical Association will hold its 10th annual meeting June 2 and 3, 1904, at the Thorndike, Boston, Mass.

PERCY LEE TEMPLETON, M.D., President.

SYLVINA A. ABBOTT, M.D., Rec. Sec'y.

CLASS OF 1899, E. M. I.—If the members of the Instituto, class of '99, will communicate with me at once, I will attempt to get out another annual report. Also, I would like to know how many of the class anticipate attending the National at St. Louis. Why not have a class re-union? R. V. DICKEY, M.D., Cor. Sec'y Class '99, Lima, O.

## PERSONALS.

Died, in his 69th year, of carcinoma of the stomach, Dr. A. Farquhar, E. M. I. '58.

Dr. A. G. Thomas, President Georgia Eclectic Medical Society and Professor in Georgia Eclectic Medical College, died recently in Atlanta.

Died, at Rivera, California, Dr. Lyman W. Denton, of Minneapolis, Minn. Dr. Denton was a graduate of the Bennet College and a very active member of the Minnesota State Eclectic Medical Association. One son, Van W. Denton, survives him.

Dr. Stephen L. Biggers, of Atlanta, recently died in his eighty-second year. He was one of the early Professors in the Georgia E. M. College.

**FOR SALE.** Books and instruments of the late Dr. P. Cleverdon, E.M. I. '99. For further particulars address W. E. Cleverdon, 636 S. Council street, Muncie, Ind.

**FOR SALE.** \$2,500 practice in South-western Kentucky; town of 3,000, good roads, good schools and churches, 6 room residence; office in yard. \$400 worth of drugs and office fixtures. All for \$1,800 cash. Address J. H. B. in care of Mullen & Haynes Co., Owensboro, Ky.

Good country location for young Eclectic. For particulars address, with stamp, Dr. S. C. McKittrick, Tabor, Iowa.

Good country location for bright, energetic Eclectic. For particulars address with stamp I. F. Cameron & Co., Druggists, Keaswick, Iowa.

**WANTED**—An opportunity to assist some physician in Colorado or some western State during the summer vacation, for my expenses, where I can secure the benefit of the climate. Address E. R. Gamble, Sherrods-ville, Ohio.

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## ORIGINAL COMMUNICATIONS.

### POST-OPERATIVE CARE OF SURGICAL PATIENTS.

By W. E. Bloyer, M. D., Cincinnati, O.

THE success of a surgical operation may depend fully as much upon the preparation, or the post-operative care, as upon the operative procedures. A very great deal of the post-operative care demanded by a patient may depend upon the proper cleansing of the alimentary tract, which means not the haphazard administration of salts or other physic, but a careful, thoughtful choice between the use of cathartics, laxatives, and a consideration as to whether they act quickly, slowly and completely, but not too severely, and the administration of several copious enemas, as well as whether the patient has been fed properly; whether she has had beef or toast, starchy foods, sweets, or milk, and whether the proper baths have been given daily or otherwise; whether these were of hot or cold water, or shower baths, or wet or dry salt baths, or alcoholic baths; whether she has had vaseline or oil inunctions, or plain or medicated massage and rubbing, such as quinine, etc.

Much post operative trouble may be avoided by the selection of a proper place for the operation. Both the home and the hospital have some advantages and disadvantages. Certainly the well equipped hospital must excel in advantages; however, there are patients whose great dread and fear of a hospital—the very mention of which unnerves them—would certainly militate against their speedy recovery if taken from home and placed in a hospital. These, no doubt, are exceptions; but we believe such cases occur frequently enough to deserve due thought and consideration. Much of the post operative care depends upon the bed and its convenient location and proper



dressing. It should be either single or three-fourths width, and should be open to approach from either side. It must be soft and yet firm; it should be protected by a draw sheet well pinned at the corners, and under this should be a rubber sheet to protect the sheet which covers the mattress. This lower sheet should be well tucked in and pinned so that it does not gather into annoying folds. The covering should be a well aired sheet and blankets, not comforts.

The room in which the patient is to lie should be cheery, and only moderately dark, and airy enough not to be gruesome; there should be no drafts. Much of the post-operative care may depend upon the selection of a nurse. Her disposition should be pleasant and her dress neat and plain. She should be fresh and clean; she should not wear stiffly starched skirts as the rustling noise made by them at any time is abominable, to say nothing of it in a sick room. The nurse should be cheery, yet not talkative; she should sit by the bed, watch and wait; let the patient sleep while she will, and when something is to be done it should be done noiselessly in an unhesitating, business-like way. A good nurse will be somewhat presumptive, more than assumptive. It is said that "talent is something, but tact is everything." We do not know where this will apply better than in nursing in the sick room. The nurse should also have some consideration. She should not be in an exhausted condition from assisting in the operating room when she begins the case, nor should she become exhausted through continuous service. She should have proper and sufficient time for recreation and for sleep. Does this allowance then necessitate the need of the second nurse? This depends upon the gravity of the case and upon many other conditions, and must be decided for each particular case.

Upon the reception of the patient from the hands of the surgeon, all soiled and perspiration-wet clothing should be replaced by fresh, well aired garments, unless the patient be approaching a complete collapse, when she may be wrapped in blankets for the time being. She should be placed in the bed upon her back or side, with the head turned so that mucus may flow from the mouth, and not gravitate into the trachea. Artificial heat should be applied. Hot water bottles, bricks, hot blankets, should be at hand and used at once. These are especially necessary if the weather be cold, or if the operation has been exhausting. The pillows under the head should be soft and cool, containing hair rather than feathers. A pillow may be placed between the limbs, under the knees, or at the shoulder or the back, or to support the pelvis, if necessary. The bed should be protected from emesis or the dribbling of mucus from the mouth or from wound discharges by a sweet and clean bath towel. A clean receptacle should be at hand to catch discharges. The patient should not be spoken to, or any attempt made to rouse her from her anesthetic sleep; the longer she sleeps the better. Protracted sleep effectually overcomes anesthetic effects of various kinds. When she does awake naturally

of her own accord she should not be told of the operation or of what transpired in the operating room, or while she was unconscious; nor should she be told at any time of other operations, whether the effects were good or bad. The gossip of the hospital in which she is should never reach the sick patient.

*Bathing.*—If the patient prefers to be let alone, permit it by all means; but when thoroughly awake, if she be restless and uneasy, and desire it, a soft gauze sponge or handkerchief may be lightly wrung from hot or cold or warm water, and her hands and face refreshed by light sponging. If preferable bay rum or camphor water may be added in varying amounts to the water used for sponging. This may prove refreshing, and may frequently aid in dispelling the odor of chloroform. At the same time the mouth may be rinsed with water of a pleasing temperature, hot, cold, or warm. This may be flavored by the addition of peppermint or lemon. The next morning or some time the following day, the patient may be sponged with alcohol or bay rum one part, and water three or four parts. The face and neck should receive attention first; then the arms and limbs, and then the body. Each part should be thoroughly dried and covered before exposing another. The bed should be protected from moisture and drippings by a clean sheet or bath towel. The patient should not be exposed to draughts of cold air. As a precautionary measure doors and windows should be temporarily closed previous to the giving of the bath. Abdominal bandages or other dressings should be neither moved nor moistened. The parts beneath them should be cleansed and bathed only at the time of dressing the wound. After forty-eight hours, especially if the patient perspires considerably, a daily sponge of warm water and soap may be given. The clothing should be changed once a day at least, and more frequently if necessary to keep the patient clean and comfortable. Pillows should be changed or turned several times daily, and the covers at least night and morning. After five or six days, the patient may be lifted to a cot that the bed may be aired, the mattress turned, and a thorough renovation take place. This general airing, subsequently may be repeated every second day.

*Nausea.*—This is usually the first, and the most distressing and the most intractable trouble coming to patients who have been anesthetized. We believe too, that a great amount of it can be avoided by the proper preparation of the patient previous to the operation. The frequent sponging of the face and neck, as mentioned above, will frequently lessen the nervousness and vomiting. A teaspoonful of hot water given every ten or fifteen minutes may also assist in lessening it. Mustard over the scrobiculus cordis as a counter irritant until redness is produced is quite frequently efficacious. A teaspoonful of hot black coffee without sugar does well in some cases. The inhalation of vinegar fumes proves grateful sometimes. Equal parts of white of egg and vichy water, well mixed, in teaspoonful doses, given

every fifteen minutes, have been highly recommended. In the way of drugs, oxalate of cerium, bismuth subnitrate, calomel, soda bicarbonate, nux vomica, ipecac, lobelia, etc., have been recommended, singly, and in various doses and combinations. As far as we know there is no drug specific. In intractable cases the washing of the stomach with the tube and water, either plain or medicated, has been recommended. As a dernier resort, the hypodermic use of morphia in one-eighth to one-half grain is perhaps allowable, but we can not say commendable. The best general remedy, in our opinion, is absolute quiet, and this quiet must extend throughout mind and body.

*Thirst*—Next to emesis, is most distressing and persisting. In our opinion, the best time to modify or overcome thirst is in the preparatory stage. This is done by having the patient imbibe an extraordinary amount of water for twenty four hours previous to the time of operation. As far as we know there need be no limit to the amount. It is imperative, though, that it be extraordinary, from four to six ounces every hour or two. Another remedy is a high enema or injection of a quart or more of normal salt solution before the patient leaves the operating table. We suggest that such injection be given to every surgical patient, and especially to those upon whom the operation has been of long duration or the loss of blood great. The long tube should be used, and the fluid should flow slowly from a reservoir or funnel. The buttocks may be elevated, and though the rectum may be emptied, it is desirable that the sigmoid and colon be kept as full of water as possible. Frequently a compress over the anus helps retain the fluid. It is well sometimes that the most irritable portion of the rectum be kept cleared and emptied. When the abdomen has been opened, instead of this high injection it is well to leave a quart or more of normal salt solution within the peritoneal cavity. Its absorption lessens the demand for water through the stomach. If the patient be conscious, the clyster may be repeated every two or three hours, but the amount injected should not exceed a pint. The stomach should be kept empty, but an occasional sip of hot water may be allowed. Ice is seldom or never a proper thing for a thirsty surgical patient, no matter how small the quantity.

*Pain*.—Pain is usually worse after minor surgical and gynecological operations, such as a curettement or trachelorrhaphy, than after a celotomy or hysterectomy. And again some patients endure pain much better than others. Much depends upon the nervous disposition of the patient, when it comes to the bearing of pain. Frequently a slight pain causes great outbreaks of anguish, while in the same patient at another time greater pain is borne without a wail. A tactful nurse through suggestion can many times modify or subdue pain. The patient needs to be reassured and encouraged. The nurse may allay and soothe her pain by artful rubbings and frequent changes of this and that. She tactfully diverts the attention from the pain to something more pleasant. Hot applications to the abdomen, to the

side, to the feet and back, in fact to any part, frequently relieve. Hot flannels or plates, hot-water bottles, may be used. In fact anything that will retain heat will answer for a local application. Care should be taken that the hot water is neither too hot nor the sack containing it too heavy. We have seen a surgical patient returned from the operating room unconscious, severely, yes, desperately burned by hot applications. A hot water bottle one-fourth or half full is usually sufficient, and a cloth, preferably flannel, should be kept between it and the body. Backache is usually severe after operations such as trachelorrhaphy when the uterus has been dragged down. These patients should be turned upon the side, a pillow placed under the short ribs, and pressure made with both hands in the lumbar regions. Frequently relief follows a rub with the hands, or with alcohol. If the stomach will bear it, the indicated remedy will relieve pain. Pulsatilla for the restless and nervous, gelsemium for the feverish, passiflora, codeine, trional, etc., are remedies in common use. Pain due to a distended bladder, or to gas in the rectum, may be detected through palpation, or bimanual manipulation. The catheter should be passed in surgical cases in from four to six hours after the operation, if the urine be not passed naturally before this time. Gas in the rectum may be allowed to escape through a syringe nozzle. This may be retained one-half to one hour, when, if it cause distress, it may be removed, to be reinserted in two hours. Should the gas be high in the colon above the sigmoid, a rectal tube must be used, and if the short tube fail, the long one must be brought into service. The long tube is made of soft rubber and it may be introduced by the aid of a constant flow of water through it. This eradicates rectal folds and affords easy ingress. It may be attached to a fountain syringe which hangs three or four feet high. Should relief not follow in one hour the long tube should be passed again, and through it may be introduced stimulating and relaxing remedies, such as lobelia or milk of asafetida. Sometimes an asafetida and cocoa butter suppository assists in the expulsion of the gas. When no abdominal incision has been made turpentine stupe may be used. Dip flannel in hot water, wring, and sprinkle a drachm or two of turpentine over the surface, and apply. Cover with a dry towel, or oiled paper, or rubber cloth. Whiskey or alcohol in large quantities may be used in the same way. The flannel should be changed frequently for a hot one. The old fashioned spice poultice is a great stimulating and pain relieving agent. Turpentine enemas are relieving, but somewhat irritating. Frequently it is better to relieve pain through the aid of the hypodermic syringe than to disturb a nervous and restless patient by giving enemata. Many patients who have been treated for weeks and months before submitting to surgical measures have been so filled with opiates that their sudden withdrawal may be followed by a collapse within forty-eight hours. Certainly in such cases the drug should not be withheld. In fact it should here be given early, before

signs of depression appear. I believe that we are safe in saying never give opium by the mouth to surgical cases. If an opiate be necessary give morphia or morphia and atropia hypodermically. The pain of the first 24 or 36 hours after an operation is usually due to trauma, and is likely to subside without treatment; but the pain arising from 36 to 48 hours after the operation is usually due to gaseous distension, and demands some interference.

*Urine.*—Usually after minor operations the urine passes naturally in from 6 to 8 hours, and if it does not do so, and especially if the bladder be distended, a catheter should be used. A close watch should be kept over the bladder, as frequently the administration of an anesthetic destroys vesical sensation and contractility. After perineal operations the catheter should be passed regularly to avoid soiling the traumatic field. After abdominal and other operations the catheter should be used as little as possible because of the irritability its passage produces. Strict or absolute asepsis should be observed in the use of a catheter. Glass or rubber ones should be previously boiled. The urethra and labia should be *clean*. Boracic acid solution and other disinfectants should be used freely upon gauze and cotton, until the parts are thoroughly aseptic. The part should be exposed when about to pass the catheter so that the opening to the urethra may be seen. Swelling subsequent to the operation frequently so distorts the parts that it is a difficult matter to locate the meatus by the sense of touch. The urine is usually scant subsequent to an operation because water and other fluids have been withheld for so long a time. The previous injection of normal salt solution as referred to earlier in this paper frequently increases the flow of urine. This subsequent free flow of urine is a very strong argument in favor of its general use or adoption, because more septic material and poison are washed from the body through the kidneys and urine than through any other emunctory. In the treatment of infectious diseases like typhoid, scarlet fever, diphtheria, etc., free acting kidneys are many times the patient's salvation. This is equally true of the surgical patient who is threatened with septic infection. Remedial agents that increase the amount of water are triticum repens, polytrichum, apis, a freshly made sweet spirits of nitre, eryngium, etc. The solid constituents of the urine are better increased by the various potash salts, uva ursi, etc. Water is the universal solvent, and if taken in large quantities it will certainly act upon the kidneys and bowels. Finally, keep the kidneys acting freely and the bladder empty in your surgical cases, and thereby avoid trouble.

*Bowels.*—Unlike the kidneys, the bowels need not act for forty-eight hours or more, even to four or five days, if the patient be well. The surgical patient should not be exhausted either before or after operation by drastic physic. After forty-eight hours have passed, and it is deemed essential to bring about a movement of the bowels, one-tenth grain calomel triturate tablet may be given every hour until ten

or fifteen have been taken ; then follow by a dose of citrate magnesia, to be repeated in two or three hours if necessary. Or the calomel may be given as above every hour, and every third hour in between half a drachm of sulphate magnesia dissolved in half a glass of hot water may be given. Or, if it is desired to produce an action quickly, the tenth grain of calomel may be repeated every twenty or thirty minutes, and the salts every half hour. Rochelle and Epsom salts are favorite remedies with some surgeons ; they may act quicker than the citrate of magnesia, but they are certainly more distasteful and less thorough in their action than many other laxative or cathartic remedies. They produce a peculiar irritation upon the mucous membrane of the intestinal tract, which at once throws out a gush or flood of serum, in an effort to rid the canal of the irritating substance. This flood of serum readily makes its escape, but frequently it leaves the folds and sulci of the bowels filled with fecal matter. Seidlitz powder, compound licorice powder, phosphate of soda, etc., also deserve mention. Should the digestive tract be in a condition to preclude the use of a cathartic by the way of the stomach, the long rectal tube may be brought into use in the giving of a high enema as previously directed. Its composition may be: R—Magnesia sulphate, 3ij ; spirits of turpentine, 3ij, and glycerine and water enough to make six ounces. If necessary this may be repeated in an hour or two. Or, if preferred, two ounces of castor oil to which two drachms of turpentine have been added, and the mixture well warmed, may be used through the long tube. A dozen remedies are championed as laxatives and cathartics and generally recommended. One remedy is certainly much to be preferred in a certain case to another ; therefore remedies should be chosen to fit the case in hand. The robust man may need far different physic from the fragile woman or child. The cathartics mentioned are usually mild and effective.

*Temperature.*—Usually after surgical operations, whether they be minor or major, abdominal or otherwise, there is a rise of temperature, which is physiological rather than pathological, of from one to two or even three degrees. Of itself it needs no treatment ; but while it continues, should the patient be in condition to receive it kindly, there is no good reason why well selected remedies may not be used, not for the fever, but with the idea of stimulating general secretion and excretion. Should this increase of temperature continue, however, beyond 24 or 36 hours the cause should be sought. Should it be due to distended bowels, move them freely. This does not mean that every patient with a degree or two of temperature should have a physic. The use of the thermometer alone should not lead to the prescription of antipyretics. If the fever be due to pain, it will subside when the patient sleeps. Seek the cause in all cases. A persistent rise of a degree and a half or more means infection, and this may be at the wound, or of the peritoneum, or elsewhere. If it occur six or eight days after the operation, look well to your stitches and elsewhere about

the wound for an abscess. If there is evident infiltration or pus accumulation anywhere, remove the stitch, give it free exit, drain and pack with gauze, and heal from the bottom. Drug agents that assist us in septic fever are gelsemium, echinacea, phytolacca, sulphite of soda, etc. They bring about free skin action, provoke the kidneys to greater action, and eventually act upon the bowels. We deem them superior to aconite, veratrum, salol, or any of the coal-tar derivatives. The direct antipyretic in surgical cases—in fact, in any case, surgical or medical—is a death dealing drug, a delusion and a snare, a dangerous weapon in the hands of the thoughtless.

*Diet.*—Usually for the first 24 hours after operation, the stomach of the surgical patient should be kept absolutely empty of food, and in some cases it may be for 48 hours. Of course there are exceptions to all general rules, and in this instance we may find cases in which, as related above, a teaspoonful or more of hot water may be given within a few hours after operation, but that is not general. The interpretation of such rules depends very materially upon the judgment of the attending physician as to the condition of his patient. Some cases may demand nourishment within six or eight hours, and if it be given it may be properly appropriated; while in other cases the stomach may be so rebellious that it becomes necessary to resort to rectal feeding. However, we do not deem this latter method very promising. In our opinion, when there is no physiological action, such as digestion and assimilation in the stomach, there is not likely to be much absorption taking place in the rectum, and the patient is better off with no food than to have a foul and fermenting mass lying in the lower bowel. The first food given to a surgical patient should be of the simplest kind, like the white of egg well beaten, to which a drop of lemon has been added. This may be kept cold on ice, and a teaspoonful or tablespoonful administered occasionally. Later the patient may have scraped lean beef, carefully broiled, and dry, crisp toast. Milk should not be given, as it generally tends to the production of indigestion and gaseous distension. Coffee without cream or sugar may be given later. The juice from a rare steak is allowable. Cold jellied consomme and beef tea are highly recommended, and are depended upon by some. To us they seem worthless, yes even more; They provoke and promote tympanites, while they contain little if any nourishment. Buttermilk in small quantities, is superior to them. In four or five days lean beef, broiled rare or chopped fine, and dry, crisp toast, in proper amounts, may be given. The patient may have eggs poached or boiled. After one week she may be well fed and the diet may be much more liberal. Water should be given freely and frequently at all times, beginning immediately after nausea ceases.

## THE WHY.

By E. R. Waterhouse, M.D., St. Louis, Mo.

**T**HE Eclectic physician, above all other classes, gives his remedies for a definite purpose, to antagonize some pathological condition of course, but he knows why he gives them. The manipulation of our therapeutics demands that he do his own thinking, without which he is a worse failure than the man who is a receipt-book doctor of other schools. The thinking Eclectic is not an artist, as many medical writers term the practitioner of medicine, but it has narrowed down to the truth, and truth is the foundation of science. When a physician hunts out a wrong which is the primary basis upon which a disease structure is continued, and by his knowledge of the therapeutic effect of certain drugs, administers a remedy that removes this cause, he has done this upon a scientific principal. He has applied the truth.

The artful therapist is the fellow that by his art "pulls his victims leg" as compensation for services of the poorest possible quality: this is art. The most disgusting spectacle to an educated Eclectic, is to see a physician look over his patient for a diagnosis, then sneak behind a door, and consult a pocket receipt-book (somebody's book of formulae), for his remedies.

Some years ago I chanced to be in a small town in Ohio, and was invited to take a ride with a certain physician who was very proud of his diploma from the Jefferson Medical College. He called to see an old lady who complained of the swelling about her feet and limbs. He diagnosed the case as dropsy, then slid himself into a hall room, and produced his receipt book, and going over the thumb index, selected a receipt for dropsy, from Dr. Wood. This he copied and ordered them to go to the drug store. This chanced to be a formula that under certain conditions would have been applicable as a renal stimulant. The case chanced to be a nephritis, and the medicine was like putting coal-oil on a fire to quench it, presto! and the undertaker did the rest. This physician depended upon others to do his thinking, his "why do I give this" was because Dr. Wood said "this receipt is good for dropsy." His degree of ignorance of rational therapeutics was only exceeded by his regularity and gall." We also come across many "specialists" whose specialty consists of the art of pulling dollars out of the pockets of some poor victim—for value received? No, I guess not.

Previous to the time of modern eclecticism, therapeutics as a science was non-existent. Specific medication is the science of therapeutics, and this science is now in its infancy. The "whys" are coming thick and fast. We are not content to sit idly and rest upon what we as a school have done, but investigations are going on in the hands of every Eclectic that has trained himself to that necessary close observation. We want to know why such and such actions are produced,



and are fast finding out. I am not trying to throw bouquets at ourselves, but facts are facts. The up-to-date Eclectic of to-day is the most successful practitioner of medicine in the field. Note the statement of our regular brother in Chicago who stated in the public press that with all of our modern knowledge, there were no remedies that exerted any curative effect upon pneumonia, and that all bad cases were bound to die. Now is there a reader of this article that does not feel sorry for this chap on account of the display in public of such lamentable ignorance of therapeutics? True he is suffering from hypertrophy of his cerebral functions, but with all that such statements are inexcusable. I am but one of the common herd of Electics; I have treated twenty-three cases of pneumonia this winter and spring, and they are all alive.

In sixteen years of practice in this city the records of the health office will show that I have lost but one case of pneumonia, and I am so much of an egotist as to believe that eclectic treatment produced these results, and not the chance conditions that I got hold of all mild cases.

We have a *materia medica* that we are proud of. It is a *materia medica* that compels a man to think, and think hard. Such thinking ennobles the man, and elevates him to a higher sphere of professional life. He is a free and independent man depending upon the deductions of his own brain. He is no longer a parrot who prattles what Dr. Wood or Dr. somebody-else said. Isn't it enough to make us feel proud and "stuck up."

Occasionally we meet one of those little two-by-four fellows that through this inexcusable ignorance of his profession, is ashamed of his mother. "Yes, I did graduate from an Eclectic College, but I am a regular," and while he is ashamed of it, we can assure him that we are considerably more ashamed of it than he is. I have seen the time in non-distant localities that the name Eclectic reminded one of a sloop-wagon. It carried a stench to the nostrils of a decent man. But happily these conditions are passing, I have seen advertisements in the daily press from men who held professorships in eclectic institutions, who, through their generosity and love for brother men, had gathered up a barrel of lost manhood, and announced that he was ready to return it to its former owners, in consideration of a small fee. And this not all. The National, rather than wash its dirty linen in public, allows it to lie around and stink. Prospective members of that body would be glad to see their fees used to purchase a little disinfectant, and would willingly help to use it—in Missouri. Still we are climbing; note the professional courtesies extended to members of our school twenty years ago, and compare them with those of to-day, and again you will be "stuck up."

We will admit that our regular colleges give more attention to morbid anatomy, histology, and bugology, than we do, but how will all this compare with our *materia medica* at the bedside? The patient

knows he is sick, we don't have to tell him, he sends for us, not because he wants a bug-hunter, but because he wishes our aid to restore him to health again, and the physician who knows the finer points of his materia medica best, is the fellow who arrives in the end. So let us never be satisfied to give a dose of medicine unless we have a better reason for so doing than that some other fellow said so. Let the "why" prevail.

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ADDRESS DELIVERED BEFORE CLASS AND ALUMNI.

By Urling C. Coe, M.D., San Francisco, Cal.

**A**T this period of the world's history, when the "world is made over every half century," when no task seems too difficult for the force of men's minds and the energy of men's muscles, when new developments in science and learning come with a speed that is bewildering, and the discovery of today is common gossip tomorrow, we are witnessing what has hitherto been a simple art of healing, rapidly expanding into the new and practical science of medicine. This new science whose history of growth and development is almost as old as the history of the human race itself, is the greatest and most lasting benefit which culture and civilization have brought to mankind.

Skill in mechanics, engineering, and attainments in the plane of material evolution are not adequate or positive proof of spiritual advancement. It is a kindly and sympathetic sentiment toward fellow man, and charity and love, in will and act, which are productive of the only true culture and civilization. It was these qualities developed in human character, together with the instinct of self preservation inherent in primitive man which formed the embryo of the "healing art." Fostered by these same qualities, together with the desire for knowledge, it has passed through long tedious periods of infancy, youth and adolescence, covering thousands of years, and is now rapidly expanding into adult proportions approaching an exact science. The degree of its development, rising and falling with each material advance and decline in civilization, has been in the past, and will continue to be in the future, a criterion of the progress of human culture and civilization.

Although it is only within the last half century that medicine has reached the border land of science, the world owes much to the labors of medical men. With this most difficult problem of disease entrusted to their unwearied hands, their work has been accomplished in silence, in the stillness of the laboratory, the quiet of the hospital wards, and in the oppressed hush of the sick room. A mere glance at a few of the many fruits of the preventive medicine of the last few decades, will give us a vague conception of the incalculable benefit which this branch of the science alone has been to the human race. There is no doubt that, at this moment, if we were allowed a vision of the embryonic forces which are predestined most potently to affect the

future of mankind, we should have to look for them, not in the legislature nor in the press, nor on the platform, nor in the schemes of practical statesmen, nor in the dreams of political theorists, but in the laboratories of scientific students whose names are but little in the mouths of men, who cannot themselves forecast the results of their own labors, and whose theories could scarce be understood by those whom they will chiefly benefit.

To no single man, body of men, sect of physicians, or race of people, can we give the credit of being the father of medicine. Viewing the past history with one sweeping glance we see the master minds of all ages, standing out in bold relief like the peaks of a lofty and endless mountain chain, silouetted against skies of paganism or tyranny, blackened by the heavy coils of ignorance and superstition; each a monument of study, toil and self-sacrifice to this noble science. In ancient Egypt, in classic Greece, during the rule of the mighty Cæsars, or later still, upon the fair isles of the British Empire, each of these disciples of science toiled and studied throughout his allotted time that he might alleviate the sufferings of his fellow men and contribute the fruits of his life's labors, be they meagre or rich, to the store of knowledge to be handed down to succeeding generations. The common toil of clustering ages has blended the marble spoil from every quarry into this towering pride of the twentieth century which rears its massive walls from the swelling seas of physical suffering, like a lofty light-house, to mingle with the clouds of heaven and shed its beacon light down through the coming centuries, to pilot feeble man through this world of joy, sorrow, sin and sickness.

We who are students of medicine in this enlightened age, we who have not suffered the scorn, ridicule and persecution of a jealous profession and a prejudiced world, we who have had things made easy for us, can form no estimate of the cost of this science. Handed down from father to son and enriched by each succeeding generation it has come down through the long corridors of time and is presented to us as a priceless heritage. What will we do with it? Shall we be content to accept it as it is, make it the means of our livelihood during the short space of time we shall tarry here and make no effort to add to it? Although it has reached its highest stage of development at this time, it is as yet only in its infancy as science.

We boast that the present generation enjoys the most enlightened period of the world's history, and marvel at the wonderful advances which have been made during the last few decades, not only in the realms of medicine and allied sciences, but in all branches of learning. Yet it has been the conceit of every period of history that it has been more enlightened than the preceding ages. Each past generation of human kind appears to have imagined that it had at last arrived somewhere near the final principles of knowledge, and that its *horizon* came very near including all the sky and all the earth. Having no adequate gauge to measure our learning, we are prone to magnify it

by comparing it with the meager knowledge of our ancestors. Although the lamp of medical knowledge is now burning much brighter than ever before, its rays penetrate only a little way into the dark domain of ignorance, and illumine but a small scope which is only a mere spot surrounded by vast realms of darkness.

The very fact that there are schools in medicine is *prima facie* evidence that their foundations rest upon matters of belief, not knowledge. Men believe what they do not know. What they know they need not believe.

The therapy side of medicine is unquestionably the great unknown, ever changing, evolving void which gives life to, and nourishes the various schools. This one department of medicine alone offers a field for research work ample enough to afford labor to the entire Eclectic school of today and that of generations yet to come. Indeed in this little known and unexplored realm lies the hope of an exact science in the future. It is true that the Eclectic school has entered the field and taken up the work in a scientific manner; yet it has scarcely accomplished enough to afford an idea of the nature of the work. Although the great multitude of facts which Eclectics have amassed and piled up by research and patient toil seems in this day to be of the magnitude of a great mountain, it can only serve as the foundation on which to build an exact therapy, or the Eclecticism of the future.

We, the class of 1904, after four long years of study and toil with their necessary savor of pleasure and shirking, have at last arrived at the critical period of our lives, when we leave our alma mater and take up our professional careers. Our parts have been varied; as we pause at this moment to review briefly the memories of the fast receding past with its joy and sorrow, success and disappointment, achievements and unimproved opportunities, we are filled with a mingled feeling of satisfaction and regret. But we will only consider our mistakes that we may profit by them in the future, and dwelling upon our successes only that we may take courage, we turn our attention to the alluring future that ever beckons us on.

As it is said of each class as it goes out that it is better than the preceding classes, we are naturally led to believe that we are the best and most talented class that ever graduated from the E. M. I. We frankly admit that a part, if not all, possess some exceptional abilities. We have some who have already made reputations for themselves as surgeons and gynecologists. And indeed there is one among our number who is so skilled in therapy that he can get stimulation from the hypodermatic administration of morphine in large doses. But, nevertheless, though we may deserve better things, necessity forces us to hang our shingles before the vulgar gaze of the public and begin at the bottom of the ladder.

During our four years of college work, we have been introduced to many subjects, our knowledge of which is not only limited, but largely

theoretical. We will start out with the intention of becoming better acquainted with them. We must study them carefully that we may gain a comprehensive knowledge of them, and thoroughly review our present knowledge in actual practice that we may rid ourselves of many pet notions and groundless theories that we may now cherish. May we ever remember the words of Bilotz, who said that a medical diploma is not a visible evidence of knowledge, but rather a sacred pledge to acquire knowledge.

As we are gathered together as a class for the last time, here in this old class room, our thoughts naturally revert to the past. Having worked side by side, day after day, bound together as it were by mutual desires and aspirations, the thought that we are about to part brings a pang of regret to each one of us. We may not at the present moment fully realize how much the memory of the friendships we have formed here will be cherished in after years. The friendships and associations peculiar to college life are unlike any other we shall ever experience.

"How few that love us have we found !  
How wide the world that girds them round !  
Like mountain streams we meet and part ;  
Each bears the other in his heart.  
Our course unknown ; our hope to be  
Yet mingled in the distant sea."

We may derive consolation from the thought that we may meet as members of the Alumni and in the National Association. Let us fondly cherish the memories of our college associations and friendships and put forth our best efforts toward the upbuilding of our alumni and national associations.

As we, like a brood of nestlings having arrived at the period of our adolescence, are pushed from our erstwhile nest and admonished to go forth and spread eclecticism abroad, as we depart from out the shadow of the protecting wing of our faculty we feel a still deeper pang of regret. The realization that "Life is short and time is fleeting," impresses us deeply at this moment. Professors Locke and Jeancon have gone to their reward and dwell with us only in memory.

During our stay here we have found little within these prosaic walls to appeal to the æsthetic in our natures. You, the faculty, have been our only source of inspiration. You have labored patiently to instruct us, you have ever shown a deep interest in our welfare, and we shall go forth knowing that any successes we may attain will be a source of gratification and recompense to you ; to-day you stand before us as models we shall strive to emulate. Would that I could, I would soar to the loftiest peaks of eloquence, and pluck therefrom the rarest flowers and lay them a loving tribute at your feet.

## OBSTETRICS.\*

By E. B. Packer, M. D., Osage City, Kan.

**T**O manage a case of obstetrics well, is not nearly always in what you do at the time of accouchement. There are a hundred things to do before and after confinement that conduce to the comfort or discomfort of the patient as they are properly managed.

There are many women that are exceedingly slow in confinement, and are greatly annoyed by false pains for days and even weeks before confinement, and are very slow when confinement finally arrives. These cases will agreeably surprise you if you will put them on King's Compound Syrup *Mitchella Repens*, beginning at least three months before full term. This remedy will bring so much of comfort to them that it will nail these cases for you at all future times, and recommend you to all her lady friends.

Some women have a serious time with sore nipples and caked breasts, and difficulty in nursing the newcomer. If you will advise the mother to thoroughly and freely anoint her breasts daily with lanoline for four to six weeks before confinement, it will be a rare case that will be bothered with caked breast, and then not on account of a profuse quantity of milk, but because of some indiscretion. At the same time when she is anointing the breast, let her thoroughly rub the nipple with a saturated solution of tannin glycerine, and you will be pleased to find that those nipples are as tough as whitleather when the baby comes to chew them.

If you have the opportunity you will be warranted in suggesting that she have a yard of new oil cloth to put into the bed at accouchement, and so save much soiled linen, and especially be sure that your case is not left lying in a feather bed during lying-in period. If any thing can carry more germs or breed puerperal fever quicker than a feather bed, I have not yet discovered it.

I run across some doctors who have not yet learned to wrap the funis in a little absorbent cotton—it beats the old linen rag at every point in the game.

I have also become aware of the fact that many doctors do not attend to the toilet of the cord, nor do they attend to the toilet of the child. The result is that vernix caseosa is not properly removed, and the baby has scald head, gets sore behind the ears and in the flexors generally, has sore eyes and often granulated lids—all on account of carelessness or ignorance.

Do you go away from one of these cases without making provision against undue after-pains? If so, leave some 5-grain doses of King's diaphoretic powders with your next case, and then find out the difference?

Do you examine your cases for occlusions of natural openings, for

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\*Read before the Kansas Eclectic Medical Association, May, 1903.

deformities, and finally, do you inspect the case for tongue-tie? If you don't why don't you?

And finally, do you say, give the mother a dose of pills or some castor oil to move the bowels, or do you give no directions at all? If you have not done so, try some comp. powder jalap and senna, with bitartrate of potassium (Amer. Disp.) in your next case, and see if you don't drop the pill and castor oil business.

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**A TRIBUTE TO THE MEMORY OF THE LATE ROBERT L.  
BROWNING, M. D.**

By his Friend, W. L. Leister, M. D.

ON April 17th, 1903, I was in a happy company (to me), of which the subject of this sketch was a member. The company to which reference is made was composed of the following named personages: Robert L. Browning, Robert L. Smith, W. C. Hudson, Jas. Park, Dr. Pierce, and the essayist. We were all with one accord in one place. Social concourse ran high, but as becometh gentlemen of dignity and education. Before the ides of May one-third of that number of souls had passed out and beyond the confines of this present state of being. Before the ides of June just one-half this happy band of brothers were numbered with those who had been ere this time called to their reward. Dr. Browning was one of the trio called hence. Who will say but that his life-course was rounded out according to a hidden primal plan of Providence?

I loved Dr. Browning. He was my special friend in times when to have a friend was golden. As physician and surgeon, Dr. Browning was an analyst. The reason why was the predominating thought with him. He loved his profession, hence the years of his devotion to it and the great proficiency attained; and the idolizing of the man by his followers.

Selfishness never found a lodgment in this man's heart. Prejudice and self-preferment were foreign to his nature. Dr. Browning was a full-grown man—rounded out, heaped up. His moral sense was equal to the intellectual, and both towered away above common mankind. He died as all true workers might desire to die—in the field with the harness on. He had performed the work of a full grown man, and was ready to go hence. His place in the hearts of his brethren cannot be filled. We will bear our loss with resignation, trusting in the promise that if we are faithful we shall take our place anew with him in an abode of higher work and of everlasting happiness. It can be said of Dr. Browning, as of one in olden time: "Henceforth there is laid up for me a crown of righteousness—eternal in the heavens." As we look upon the empty draped chair at these annually recurring conclaves, our hearts will soften and our minds will go out in memory of our absent friend who, although absent in body, is ever present with us.

## ELECAMPANE, HOREHOUND, AND SPIKENARD.\*

By V. A. Baker, M. D., Adrian, Mich.

I might well add to the above-named remedies bloodroot, and this constitutes the ingredients of Beach's Pulmonary Balsam, one of the finest combinations I have ever used for chronic pulmonary maladies. This compound is applicable especially to that class we often meet in young girls and boys who are thin-chested, with hacking cough, and is equally applicable to old people who are thin-chested, with a teasing cough and short breath. By disciplining such invalids in chest culture to overcome mechanical hindrance, I have accomplished with this combination what I have failed to do with syrup of the hypophosphites or cod liver oil; indeed, I have seen so marked a benefit and permanent cure in many cases observed, covering many years of experience, that I never fail to give it a trial.

Prepared as a balsam and given freely in cases specifically selected, and it stands without a peer. I have under care several at this time, old chronics, that are being materially benefited by this combination. One case, an asthmatic, a young man who is receiving more benefit than obtained by going to health resorts and taking treatment from many doctors, one a specialist on diseases of chest.

*Elecampane.*—In noticing the specific properties of elecampane, I find it directly stimulating and carminative. Drank freely as an infusion hot, it will quickly overcome that chilly, disagreeable sensation that often precedes pneumonia, or result of colds generally. It is an active remedy, properly prescribed.

*Inulin.*—Its active principle is not so reliable as a tincture or extract of the root. I believe it specific in indolent conditions of the circulatory system.

*Horehound-Marrubium.*—This is one of the best all-round remedies among the domestics. It, like elecampane, is a decided stimulant to the general system, a passive but reasonably sure expectorant, valuable in hoarseness. In bronchitis, characterized by profuse expectoration, it is specific and unquestionably ranks first in such conditions, acting kindly upon the stomach. It is a tonic with no danger of increasing hectic, or embarrassing the circulation, direct or lateral. The active principle, *marrubiin*, is not as satisfactory in effect, as it contains only a portion of the plant's activity. The agent is specifically indicated in cases of debility where the circulation is involved. It may be administered in decoction, in the form of syrupy infusion, or fluid extract, or the specific medicine.

*Comfrey-Symphylum.*—Another of the valuable older remedies. In hemoptysis or any form of hemorrhage of a passive character, or chronic or subacute diarrhea, this remedy is specifically indicated. In gleet, and to modify any catarrhal condition, comfrey is no inferior article. In conditions marked by debility in the female pelvis, too

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\* Reprinted from Transactions National Eclectic Medical Association, 1903.



frequent menstruation, leucorrhea or vaginitis, other conditions not in the way of a cure, it may be regarded as safe and reliable. Chronic cystitis, scalding of urine, will be modified or cured by a free use of this remedy. In those annoying cases of frequent urination with a teasing, uneasy sensation, when other means fail I try comfrey, usually in the form of decoction, and find it to be specific in many cases, relieving with remarkable celerity. I have now in mind the condition of a married lady, the mother of four children, who had suffered for several years, sometimes in a mild form, but never entirely free of the annoyance, and at times, as she explained it, in agony. Urination was frequent, with burning cystic heat all the time, and urethral scalding almost unbearable. A decoction of symphytum relieved her promptly, and while she is not entirely free from the annoyance of mild conditions of her old trouble occasionally, she is able to control symptoms and ward off attacks, and most of the time remains well, by resorting to this remedy whenever conditions demand it.

*Uralia Racemosa*—Spikenard.—Beach notices this plant as healing, pectoral, stimulant, and diaphoretic. King and Lloyd (American Dispensatory) state it is much used in diseases of the chest. From my experience with it and results obtained I consider it invaluable in pectoral diseases as a general restorative. It acts very much like ginseng, is appetizing and nervine, equaling, in conditions of wakefulness, our yellow ladies' slipper, and acting very much as does asa-fetida. It seems to me to be an unusually neglected remedy. The only drawback to its use and that of many others of our older remedies is the dosage, as no satisfactory active principle has been obtained, and the medicine must be prepared in decoction or syrup, but a study of it will prove interesting, for it certainly is a remedy of decided utility.

*Sanguinaria Canadensis*—Bloodroot.—This is indeed a remarkable remedy, a remedy which, when specifically prescribed, will give favorable results.

Acetated tincture of bloodroot, in simple syrup for croup, croupous pneumonia, and as an expectorant in conditions demanding such an influence, is decided and prompt in its action.

The acetated tincture of bloodroot compound (bloodroot and lobelia inflata, whole plant and seed of the latter, in good cider vinegar), the saturated tincture and simple syrup equal parts, is a remedy I feel certain of as to results.

Acetate or nitrate of sanguinaria, triturated one to ten of sugar, and one quarter to one-half, two-thirds, or even one teaspoonful in one-half teacup of hot water, may be given in doses adapted to age, teaspoonful of powder to one-half teacup, one teaspoonful of this representing the adult dose. Of all the new and old things I have tried, I have never found its equal. As before stated, it is an ingredient of Beach's Pulmonary Balsam, a combination I recommend earnestly to any physician unacquainted with it.

Sanguinaria, hydrastine and phosphate of iron may be combined as follows: One-half drachm of sanguinaria, one scruple of hydrastine, and one drachm of phosphate of iron. One part of this combination is triturated in three parts of sugar of milk. One teaspoonful of this trituration may be added to four ounces of moderately hot water, and given in teaspoonful doses to adults. It is good in all conditions of indigestion, torpid liver, anemia, chlorosis, hemoptysis, and various conditions where an invigorator is indicated.

I am guarded in prescribing sanguinaria or any of its derivatives in pregnancy, but in torpid conditions of the pelvic system it is almost a certainty as to favorable results. It is a valuable remedy in combination with irisin, euonymin, and podophyllin, in sick headache as a curative, not for its immediate effects.

I have not mentioned the value of bloodroot and its active principle as an escharotic. In chancroids sulphate of sanguinaria full strength is a reliable and safe remedy, and in various morbid conditions requiring an escharotic a test will prove its value. Granular conditions of the os uteri and cancerous ulceration will be benefited by its free use topically. With persulphate of iron in ointment it will give excellent results in pruritus ani and vulvæ and in piles.

I have probably said enough of the merits of this and the preceding remedies mentioned in this paper, and to those unacquainted with these remedies in whole or in part, I feel justified in urging a study of them, for they are the peer of many of the lauded newer remedies. I will add, however, that powdered bloodroot, powdered bayberry bark, equal parts, one part of the mixture to four, six or eight parts of powdered gum arabic, sniffed well up the nostrils, has cured some stubborn cases of catarrh, and is useful in œzema, hay fever, and catarrhal colds.

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#### EXTRAORDINARY GRAVITY OF DIPHTHERIA SINCE THE INTRODUCTION OF THE BEHRING AND THE ROUX SERUMS.\*

Translated by T. C. Minor, M. D., Cincinnati, O.

EVERY day, in the great public press, editors as ignorant as Pasteur of the great principles of our science, proclaim with conviction that hydrophobia is vanquished by the divine and immortal chemist, and that diphtheria has been conquered by disciple Roux. For hydrophobia it is now well known, well demonstrated, and positively proved that fatal cases have doubled since Pasteur's invention. Then, too, we have statistics, coming from all sides, that the mortality from diphtheria has also increased since the introduction of Behring serums, recopied by the eminent Roux. It is necessary to be cognizant of this important question, to read the articles of Kanowitz, Professor of the Faculty of Medicine at Vienna—articles appearing in

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\* Translated from the Journal de Médecine de Paris, April 8, 1904.

the *Therapeut. Monatschrift*—who affirms: "At Trieste, since 1880, the mortality due to diphtheria has undergone continued augmentation, since the figures 98 expressed the deaths that year, and have been raised progressively up to 140, representing the mortality registered during the first half of the year 1894."

From that time (August, 1894) when the serum was introduced, all the members of the medical faculty went into the life-saving (?) serotherapy (*gardia medica*), and were to telephone to a central station every suspected case of diphtheria.

"At this station a permanent medical service was organized; the patient was sent without delay to the hospital; there the serum was administered *largâ manu*. In other cases serotherapy was employed at the domicile in such a way that from 1894 to 1895 every case was injected, as well as those officially reported to the hospital.

"All these pains, alas! were not recompensed. In fact, instead of rapidly diminishing the number of fatal cases, the contrary effect was produced, and the number of deaths grew formidable. It reached such a point that the last quarter of the year 1894 as many persons died from diphtheria at Trieste as had died in the entire years of 1888 to 1890. In 1895 serotherapy was applied with extreme vigor, and 271 patients died from diphtheria. Such a mortality was never experienced before the introduction of serotherapy."

Let us now consult an article by Germonins (*La Sieroterapia della Dipterite nee ospedale civico di Trieste*)—Serotherapy in Diphtheria in the Civil Hospital at Trieste—where may be found the following suggestive information: In the years preceding the serum the mortality in hospitals oscillated between the figures 15 and 60; the year 1895, remarkable for the scrupulous rigor of its inoculations, gave the fantastic figure of 193 deaths."

Now let us turn to Russia, where the full observations demonstrated officially by Prof. Kassomtz have been recorded. These demonstrate an exaggeration of the mortality from diphtheria since the employment of the serum. Thus, certain epidemic periods have given in the serum years twelve times the number of deaths than in the bad epidemic years before the serum was known.

At Moscow, where fatal cases are seen every week, we find in the official publications of the Imperial Sanitary College that the figures of mortality from diphtheria have not been the least influenced by the serum.

In England, at London, where diphtheria makes cruel ravages, the uselessness of the serum has likewise been noted. Before its introduction, for example, in the first quarter of 1894 there were 781 deaths; 2d quarter, 681; 3d quarter, 680; 4th quarter, 697 deaths. During the year 1896, when the practice of serotherapy was general and intense, the following results were observed: 1st quarter, 72 deaths; 2d quarter, 662 deaths; 3d quarter, 528 deaths; 4th quarter, 816 deaths.

The study of the mortality of Basle leads one to the same conclu-

sion. In fact, according to the works of Lotz that appeared in *Correspondenz Blatt für Schweizer Artz*, 1898, it is shown that in the 10 years between 1885 and 1894, that is to say before the serotherapeutic epoch, an annual mortality of 29 cases is noted; and in the years that follow the mortality was raised to 45, and even reached 69. Let it be understood meantime that there are always periods of lowering in morbidity and mortality from all causes. It would be illogical to assume that temporary periods of lower mortality were due to serum.

Such are the indisputable facts observed in more than fifty thousand cases. Meantime many medical confreres who might be considered as good practitioners and even as clinical observers, claim that their patients have been aided by serums with truly excellent results.

How explain this medical mirage, and make these propositions, appearing antinomical, agree? To my mind it is a very simple matter. To make false membranes disappear, which, for all the world, represent a material expression, one of the disease—these false membranes that choke the patient, and by suppuration give the malady its very frightful character—such is the pursuit and attempt of the physician. For, if the false membrane is made to disappear, hope for the recovery of the patient is reborn, and the dawn of the cure appears. If, later on, complications follow, if the kidneys, bronchi, lungs or heart are attacked, if death terminates the sad scene, the practitioner himself is put beyond blame by the family, for did he not cause the visible signs of the malady to disappear before the patient's death? was the suppuration not stopped? Yes, he did his best. Now the inoculation of anti-diphtheritic serum makes the false membrane fall off rapidly, not because of any specificity it is supposed to contain, but purely through mechanical action. We know that artificial blood serum will produce the very same results. For the augmentation of sanguinary pressure, caused by the ingestion into vascular system of a certain quantity of a liquid, is certain to reach the point of inflammation; that is to say, the spot where the inflammation is most considerable—a serous transudation occurs that permits the false membrane to become easily detached. I imagine that this hyperpressure cannot occur without exercising a profound repercussion on the heart, even up to the point of inducing cardiac collapse. Sommers' observations leave no doubt on this point. On the other hand, if I report the account rendered by the works presented to the Congress of Nancy by learned bacteriologists, these indicate that the inoculation of serum is often followed by albuminuria, and that nerve trouble is the result, expressed at times by attacks of auria or nephritic hemorrhage. I have thus the right to conclude that the inoculation of anti-diphtheritic serum gives a natural explanation of diphtheria attacking the heart or kidneys, being the direct cause of these complications.

So my conclusions are absolutely verified by the results of anti-diphtheritic serum, published in 1897 by the Imperial German Sani-

tary Office. This inquiry demonstrated that 42.9 per cent. of all fatal cases occurred in the first three days of the disease, and but 22 per cent. were observed in the first two days; that is to say, almost immediately after the inoculations of the serum.

All my confreres who have observed the progress usual to this affection agreed with me, I am sure, that these rapid deaths, absolutely abnormal, were occasioned by complications induced by the serum. I make this remark in order to answer a young official, chief of a clinic, who assured me in a patronizing manner, that serum never induces accidents. In reality the Roux serum never exercised any beneficial action on diphtheria; and if a number of sincere practitioners affirm its efficacy, it is because they have been misled by the fad of the moment, and forgot the true proportion of deaths from diphtheria before the era of Pasteur, and besides have considered simple cases of angina diphtheria, simply because they showed a bacillus; so they used the serum as a cure, when the same cases would have recovered with any simple treatment.

Are we then wise in concluding, once and for all, that Roux's serum is absolutely murderous and a danger to the public health? So why, under the pretext of spreading confidence, giving convolutions, and boasting, like some editors of the public press, will thinking men indorse a remedy that not only poisons but kills?—BOUCHER.

#### THE PLAGUE IN INDIA—OF WHAT USE IS SERTHERAPY?

By T. C. Minor, M. D., Cincinnati, O.\*

DR Lutand, editor of the leading Parisian weekly journal, in an editorial, April 10, 1904, remarks as follows: "We have so often raised a protest against the false promises emanating from patent medicine savants, disciples of Pasteur institutes, gentlemen who prepare universal panaceas, that we hesitate to return to this very stale subject. We simply stated, when Roux made his unblushing communication at Buda Pesth, on diphtheria, 'Let us wait until time does justice to rash affirmations.' Time has now slowly accomplished its purpose. Our eminent confrere, Boucher, published in last week's issue a complete exposure of the mortality from diphtheria, showing its increase since the celebrated discovery (?) by Behring.

But where the charlatanism of serotherapy exhibits all its beauty is in the plague. We know that some modern alleged savants not only claim to cure but to prevent disease by the injection of their marvelous serums. They have the audacity to address their claims to the most murderous maladies, and invented a serum not only to cure but to prevent the plague. This serum has now been used for five years in India where the plague prevails.

The demonstration of the value of the method should then be easy. If the anti-plague serum has been used for these five years, were it of

\* Translated from the Journal de Medecine de Paris, April, 1904.

the least value, we should see the rapid disappearance, or at least the diminution of the disease. Let us look at the results accomplished since the use of the anti-plague serum.

The official reports issued by the British government show the mortality has increased from year to year. In 1901 the monthly increase in March, at Bombay, reached 2,000; in October the same year the deaths exceeded 31,000—that made the year's mortality in the Bombay Presidency 155,000; the total mortality for India reaching 560,000. This year the weekly tables for March announce a mortality from plague of more than 40,000 for all of India; of these total deaths 8,500, more than one fourth, belonged in 1901 to the Presidency of Bombay. The plague is more menacing in 1904 than in 1901.

For five years now the serum has been used everywhere, not only as a cure, but as a preventive. The plague, nevertheless, has continued to devastate India, and has spread to Australia, South America, and Mexico. Such is the result of serotherapy. The serum has failed. They should sell their death to rats elsewhere.

## EXAMINATION QUESTIONS OF THE OHIO STATE BOARD OF EXAMINATION AND REGISTRATION.

### DISEASES OF CHILDREN.

1. Give etiology, symptoms, and treatment of simple diarrhea.
2. Give etiology and treatment of enuresis.
3. Give definition, prophylaxis, and treatment of cretinism.
4. Give synonyms, symptoms, and treatment of spasmodic laryngitis.
5. Give etiology, diagnosis, and treatment of chorea.

### DISEASES OF WOMEN.

1. Why is gonorrhea in women a grave disease.
2. Describe bi-manual examination.
3. Name some nervous complications in gynecology.
4. Give indications for curettage.

### MATERIA MEDICA.

1. Caffeine, mention salts, describe physiological action, give uses and doses.
2. Iodoform, mention indications, internally and externally.
3. Jaborandi, describe its physiological action, give uses and doses.
4. Hydrastis, mention principal preparations, give uses of each.
5. Mercury chlorides, mention both preparations and give uses of each.
6. Opium, its indications and in what formulæ is it used.
7. Veratrum viride, physiological action, uses and doses.
8. Caustics, what are they and for what purpose applied?
9. Poultices, indications for them and how applied.
10. Massage, mention different ways of applying and indications for its use.

### PHYSICAL DIAGNOSIS.

1. By what signs and symptoms would you make a diagnosis of endocarditis?
2. What organs are located in the left hypochondrium?
3. Give signs of aneurism of the transverse portion of arch of aorta.
4. What conditions give rise to bronchial breathing?
5. Give differential diagnosis of alcoholic coma and that caused by uremia.

6. What effects follow obstruction of the portal circulation?
7. Locate the lesion in hemiplegia, left side, with involvement of the right side of the face.
8. Give the differential diagnosis of acute lobar pneumonia and catarrhal pneumonia.
9. Describe the crepitant rale.
10. Give the differential diagnosis of pleurisy and hydrothorax.

## ANATOMY.

1. Where is Poupart's ligament and how is it formed.
2. Describe the aorta.
3. What are the peculiarities of the coronary arteries and the innominate artery.
4. What kind of nerves are the vagi? Spinal accessory, what is their origin and to what organs are they distributed?
5. Describe the origin, course and distribution of the lumbar plexus.
6. Describe the esophagus.
7. Describe the spleen.
8. Describe the knee-joint.
9. Name sutures of the skull and describe them.
10. Name the layers of the skin.

## OBSTETRICS.

1. How is the probable date of labor reasonably determined, what margin of time should be allowed and why?
2. What symptoms during pregnancy indicate the approach of convulsions?
3. What is the significance of glycosuria occurring during pregnancy?
4. What are the effects of an acute zymotic disease, occurring during pregnancy (a) on the mother, (b) on the child?
5. Describe the uterus and adjacent parts just prior to labor.
6. Describe the fetal head at full term.
7. Define "axis of superior strait," "axis of inferior strait."
8. What are the forces employed in the delivery of the child at full term?
9. What is meant by "L. O. A.," "L. O. P.," "R. O. A.," "R. O. P.?"
10. What are some of the difficulties which may be encountered in the delivery of twins?

## PRACTICE OF MEDICINE.

1. Define primary anemia, and how is it distinguished from that known as secondary?
2. Give source and life history of the tenia solium, and some measures of prophylaxis.
3. Describe briefly the phagocytic theory.
4. Give symptoms and treatment of acute ptomaine poisoning.
5. In what manner does gastroduodenitis cause jaundice?
6. What do you understand by the terms infection and contagion?
7. Upon what theory is the treatment by antitoxines based.
8. Give signs and symptoms of myocarditis.
9. Give differential diagnosis of epilepsy and apoplexy.
10. Define asthma and name principal causes.

## CHEMISTRY.

1. Give formula for strychnine and source.
2. Define synthesis and give example.
3. Name alkaline elements.
4. Give symbols for gaseous elements.
5. Give test for  $\text{HgCl}_2$ .
6. Give test for  $\text{AgNO}_3$ .
7. Describe  $\text{H}_2\text{SO}_4$ .
8. State the effect of alkalis on alkaloids in solutions.
9. Describe K. I.
10. Name four deliquescent salts.

PHYSIOLOGY.

1. Define and classify metabolism.
2. Of what value is a knowledge of physiological chemistry?
3. Name ductless glands and give supposed office as a whole.
4. What is the most important ingredient in urine and what does it represent?
5. Classify nervous functions.
6. Define reflex centers.
7. What is an automatic center?
8. What two theories are advanced as to the relation of ovulation to menstruation?
9. Give the causes of abdominal pregnancy.
10. Describe the change from placental to pulmonary circulation.

SURGERY.

1. Diagnose intracapsular fracture of the neck of the femur.
2. Describe the operation for the radical cure of inguinal hernia.
3. Give diagnosis and treatment of gonorrhea.
4. Describe the operation of lithotomy by the perineal method.
5. Give differential diagnosis of chancre
6. How would you treat a compound fracture of the leg?
7. Give the proper treatment of talipes equinus.
8. Describe operation for strabismus.
9. Describe Pott's fracture and give the treatment.
10. Describe operation for circumcision and indications for it.

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SETON HOSPITAL REPORTS.

PROF. L. E. RUSSELL, SURGEON.

CASE 72.—Mrs. M., kindly referred to the clinic by Dr. Mitchell, of Marietta, O. This patient, about 25 years of age, when five months pregnant was persuaded by two would-be surgeons that her health was threatened on account of a uterine fibroid tumor; and at the earnest solicitation of the physicians, she was prepared for an operation, and an exploring incision made, when the true condition of pregnancy was revealed. The wound was immediately closed; but following the recovery a septic condition obtained, damaging the right ovary and tube, and causing many adhesions of the intestines to the line of the incision in the abdominal parietal wall.

She finally made a recovery, went on to full term, and was delivered of a healthy living child. There was at this time a septic condition which intensified the lesions following the exploring incision.

The patient was anesthetized and placed upon the operating table on the morning of the meeting of the Alumnae Association, April 20. On account of the ruptured condition of the abdominal walls, an elliptical incision was made, taking out all the scar tissue of the exploring incision. On entering the abdomen we found the right ovary and tube massed with the appendix, and the right appendage and the appendix were therefore removed. The intestinal adhesions were broken up, and the attached omentum to the abdominal parietal wall made free again. The wound was closed after the method of suturing like tissue to like tissue.



Three weeks have elapsed since the operation; the patient has made an uneventful recovery, and will be ready to return home in three or four days.

This case should be a warning to the ambitious young surgeon not to be in too great haste to advise, or to attempt to execute, an abdominal operation on an apparently healthy woman, on account of abdominal enlargement. It is much safer and better to delay the operation a specified time, until every reasonable doubt in favor of pregnancy has been removed.

This patient, together with the young man operated on before the Alumna Association, makes ninety-two consecutive extirpations of the appendix without a death.

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CASE 73.—Mrs. E., referred to the clinic by Dr. Livingston, of Salix, Pa., on account of recurring carcinoma in the broad ligaments, has been treated for a few days with apparent benefit, by the use of the formaldehyde steam atomizer, placing the rubber hose high in the vaginal vault, and protecting the dropping of the formaldehyde upon the soft tissues with gauze. The steam spray of 40 per cent formaldehyde is allowed to penetrate the parts for one or two minutes, or as long as the patient will submit.

While this method is entirely new and of my own suggestion, I am inclined to think that much good will be derived therefrom. I follow this treatment two or three times a week, and then redress the parts with Prof. Howe's juniper pomade, freely rubbed in the meshes of iodoform gauze, packing the cavity tightly, and allowing the same to remain two or three days, when it is removed, and the same process of cleansing and sterilizing the parts is again instituted. Reasoning on this subject, I feel that as the formaldehyde is so powerful in the destruction of all living organisms when the fumes are confined in a room, possibly we should obtain some good when the fumes or steam is confined or forced into the soft tissues of the body.

At any rate, it is worth trial in any case which the physician may have, where there is an offensive discharge, as it certainly does control this, and speedily. In these offensive cases I have also found much good from a douche of about two drachms of creoline to one and a half pints of sterilized water.

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## EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

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### ATROPHIC NASOPHARYNGITIS.

In the nasopharynx an atrophic condition is generally found with an atrophic rhinitis, but it may be independent of such a nasal lesion. The change of character of the mucous membrane epithelium acts as

a bar to the extension of inflammatory processes, even though there is continuity of tissue.

Atrophic changes in the vault of the pharynx are identical with the same condition in the anterior nares. The contour of the nasopharyngeal space may influence the condition.

In many persons the nasopharyngeal space is very narrow, the posterior wall curving forward at the point where the soft palate normally comes in contact with the nasopharyngeal wall. When this occurs the attachment of the faucial arch to the lateral walls of the pharynx causes a formation of a pocket on each side. As there is a tendency in atrophic conditions for the accumulation of secretion, these pocket formations are liable to increase the collection of secretion. The irritation produced by this retained material, I have found, will usually cause an increase of the size of the pockets through increasing the amount of adhesions.

When the pockets are present, the patient has the sensation of a foreign body in the pharynx, and there is more or less constant hawking, in the effort to clear the throat. The secretion is particularly tenacious and may adhere to any portion of the pharyngeal walls.

The most important complication of this form of nasopharyngitis is the involvement of the Eustachian tubes. The disease may invade the mucous tissues of the tubes, or the ventilation of the tympanum may be obstructed through the accumulation of secretion in or about the tubal openings.

The pathology is the same as in atrophic rhinitis.

*Diagnosis.*—The associated conditions will make diagnosis comparatively easy as a rule.

*Prognosis.*—This will depend upon the changes which have taken place.

*Treatment.*—Local treatment in these cases is of secondary importance, although in many cases an alkaline wash will materially aid in cleansing the tissues. Internally the use of potassium bichromate 1-100 grain doses every 3 or 4 hours will soon change the character of the discharge, it becoming less tenacious. *Sp. phytolacca*, in doses of gtt. j-ij four times a day, will have a decided action on the mucous glands which have not undergone marked changes. *Sp. jaborandi* is a favorite in these cases as its influence is especially marked, the dryness of the mucous membrane being rapidly relieved. The usual dose is gtt. iij, and is combined with the *phytolacca*. *Sp. hydrastis* is the drug for the early stages of the disease, before the changes become marked.

Various methods of getting rid of the lateral pockets have been tried, the majority being to cauterize by some means, so the pockets would become closed through inflammatory processes. These measures are to be condemned, as the space between the oropharynx and vault of the pharynx is still more reduced. In all these cases of narrowed space, even without decided pockets, I have loosened, stretched

or divided the posterior faucial pillars from the latero-posterior wall. In nearly every case there has been a marked improvement in a very short time, the irritation and cough rapidly disappearing.

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#### OPHTHALMOLOGY AND OTOTOLOGY, AND DENTISTRY.

It surely requires no strength of the imagination to assume a distinct connection between ophthalmology, otology, and odontology. No portion of the body is a kingdom in itself, independent of other portions. Cardiac affections may permeate every nook and cranny of the human organism, and the same may be said of hepatic, spinal, uterine and other diseases which have their principal pathological centers in some particular section of the body. No argument is necessary to convince us that diseases of the teeth and mouth may produce pathological changes in the organs of sight and hearing, and possibly *vice versa*. We know it because we have seen it over and over again, and an article on this subject is only valuable as an effort to emphasize and reiterate well-known facts and to crystallize them into definite and tangible form, for, although these clinical data stand undisputed, it is much to be regretted that ophthalmologists and otologists are prone to neglect carelessly the prolific etiological influence of the mouth.

Diseases of the mouth may produce pathological changes in the eye or ear by one of two channels, by direct continuity of tissue, or by reflex irritation. We must not, however, lose sight of the fact that many diseases whose underlying cause has been ascribed to an elusive reflex phenomenon, have been shown to originate in an actual migration of infective microorganisms along the fibers of the nerve tissue. Neither should we allow the pendulum to swing too far the other way in this age of doubt and materialism, to the elimination of *all* reflex pathological conditions, for it is surely difficult to harmonize the theory of septic infection with prompt disappearance of subjective and objective phenomena, upon the removal of the offending cause, such as a tooth, for instance. As illustrating the point, Milliken reports a case of healthy man who contracted two attacks of iritis: The first came on with the cutting of a wisdom tooth and disappeared upon the subsidence of the gum inflammation; the second after losing a filling in the third molar upon the same side as the affected eye, and was immediately relieved after the tooth was excavated, sterilized and filled. There was no apparent septic invasion of the iris, and the prompt disappearance of inflammation upon the removal of the irritating cause would seem to argue against the theory of septic migration.

As a still clearer instance of the actuality of reflex influence, Neuschuler, of Turin, reported a case of a man who noticed that after prolonged use of the eyes he suffered from an intense pain in the orbit, which later would invariably spread to the teeth and become so

severe as to necessitate cessation of eye work ; a correction of his refractive error by glasses relieved all his symptoms. Foucher, of Montreal, reports the case of a man fifty years of age, who had a decayed, aching and broken molar tooth. He developed a keratoscleritis and conjunctivitis, together with herpetic eruptions on the cornea, and a little above the eyebrow along the sensitive branches of the ascending frontal nerve. The tooth was extracted and permanent relief promptly obtained. Foucher also reports another case of a woman, age twenty-one years, who had an irritable wisdom tooth, accompanied by great pain in the eye and optic neuritis, with total suppression of vision. The tooth was extracted and a speedy cure followed. Samuel Theobald, of Baltimore, reports a case of a man, aged twenty-six years, who contracted a suppurative inflammation about the root of the left upper lateral incisor tooth, the pulp of which had been previously destroyed by a dentist. The tooth was decayed but not painful. The pupil of the left eye became dilated and paralysis of accommodation occurred. The tooth was extracted and the ocular affection was soon cured.

The majority of dental reflex disturbances of an ocular nature, however, seem to be those of diminished or suspended accommodation, and Schmidt has noticed 73 cases of weakened accommodation out of 92 recorded cases of ocular disturbance with dental etiology, and claims that such reflex phenomena are especially frequent in young people. It is indeed a matter of common observation that many of the eye and ear diseases of infancy and childhood, notably phlyctenular keratitis and conjunctivitis and acute otitis, are apparently caused by teething and defective teeth, frequently accentuated by the entire absence of parental supervision over the mouth and first teeth of growing children.

Who shall gainsay the theory that one reason why children are so prone to eye and ear affections is, not only the occurrence of exanthematous and children's diseases, but also the presence of the physiological and pathological condition to which reference has just been made? It might indeed be difficult to prove that the discouraging, prolonged interstitial keratitis so often accompanying the pegged, softened, serrated and sensitive teeth of Hutchinson, is dependent entirely upon the underlying syphilitic taint. I think it is not at all impossible that an etiological factor might also be found in the characteristically diseased teeth, almost if not quite invariably present in these cases, and one reason why interstitial keratitis of this nature is so stubborn and prolonged in its clinical history may be found in the equally and coincidentally stubborn and prolonged morbid condition of the teeth. Schmidt is of the opinion that many morbid ocular conditions of dental origin are dependent upon a nervous relaxation of the ocular blood-vessel walls, thus allowing an abnormal amount of blood to remain in the eye and producing various parietic and other conditions, such as sluggish pupils, loss and spasm of accommodation,

congestion of the retina, uveal tract and optic nerve, or even glaucoma, etc. Kneiss thinks that when loss of accommodation occurs during a toothache it probably results simply from the lack of vigorous innervation due to intense suffering. He also thinks that muscular insufficiency and diplopia, which are occasionally observed, may also be explained as paresis due to enfeebled innervation, a theory which can be readily understood as an easy and rational explanation of some at least of the clinical phenomena.

We have all seen a severe toothache produce neuralgia, redness of the eye and excessive weeping, but we must not be too quick to conclude that the tooth is an etiological factor, not indeed, until the neuralgia and ocular conditions promptly disappear upon cure of the dental disease. The outlines of cause and effect, however, are sometimes beautifully demonstrated, as for example in an instance cited in 1885 by Hutchinson, who observed a marked case of lagophthalmus from spasm of the levator palpebræ superioris, which promptly ceased upon the removal of an aching tooth, and Vossius mentions cases of exophthalmos developing from serous infiltration of the orbital tissue, which disappeared rapidly after extracting a diseased tooth. Instances of this nature have also been observed by Burnett in 1885, and Pagenstecher in 1884, and Dimmer claims to have seen metastatic choroiditis produced by the reflex irritation of extracting a tooth. Again referring to Kneiss, he notes that pain in the upper teeth on the same side as the affected eye is a frequent symptom of the so-called ciliary pains of keratitis, but particularly of iritis and cyclitis. Less frequently there is pain in the teeth of the lower jaw on the same side, and still less frequently in those of the other side; these are cases of irradiation of pain to adjacent nerve twigs.

Neuralgic toothache may be the prodromal sign of glaucoma. It must not be forgotten that the same general nervous supply extends both to the teeth and the eye, not only through the medium of the fifth pair of nerves, but also through the sympathetic system, and it is not difficult therefore to see how amblyopia, amaurosis, iritis, keratitis, conjunctivitis, strabismus, cycloplegia, etc., may be produced by diseased teeth of the upper, and even of the lower jaw, and also by poorly and improperly adjusted sets of artificial dentures, and malposition of the wisdom teeth.

The range of ear diseases produced in this way is much more limited than is the case with eye diseases, owing probably to the fact that there are fewer affections of the ear than of the eye, and also because the eye is more sensitive and susceptible to nervous conditions than the ear. Such aural affections are principally myringitis, earaches, sensitiveness of the ear canal, hyperæsthesia of hearing, deafness, furuncles and eczema of the ear canals, especially in children of a tuberculous or strumous diathesis, etc. The frequent occurrence of such aural affections, especially otalgia, with the teething of children, and its almost immediate relief by lancing of the gums, is of

such common observation as to excite no comment. In lancing the gums under such circumstances, the incision should be deep, so that the tooth may be absolutely liberated, for the pressure between the gum and the tooth crown is the essential etiological factor, but the pressure at the root ends on the branches of the fifth cranial nerve, when the trouble is in the upper jaw, or on the inferior branch when in the lower jaw.—FRANK ALPORT, M. D., *before the Chicago Dental Society.*

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## PERISCOPE.

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### TREATMENT OF SEROUS EFFUSIONS.

The following abstract of a clinical lecture at the Liverpool Royal Infirmary, by James Barr, M. D., is from the *British Med. Journal*, March 19, 1904:

The author describes what is evidently a new method of treating serous effusions. The idea occurred to him to inject one fluidrachm of Adrenalin Chloride Solution into the pleural sac, in a case of abdominal cancer extending to the pleura, after the aspiration of a large quantity of bloody serum, the object of the injection being to lessen the secretion. There was no further secretion, consequently no further tapping, and the patient spent the remainder of her life in perfect comfort so far as her chest was concerned.

This treatment was extended to cases of ascites due to hepatic cirrhosis in which marked results were not expected. However, the rapidity of secretion was diminished, and no ill effects were noted, the quantity of adrenalin solution varying from two to three fluidrachms.

In a case of pericarditis with effusion in a lad, 19 fluidounces of serum were withdrawn from the pericardium, but a re-accumulation rapidly followed. The patient's condition becoming critical, the paracentesis was repeated, 20 ounces of fluid being withdrawn, with immediate improvement in the quality of the pulse. Forty minims of solution adrenalin chloride, 1-1000, was injected into the pericardium. The pulse at the wrist disappeared, the boy became of an ashy leaden hue and had an anxious expression. Immediately nitroglycerin and atropin were administered and the boy quickly rallied. The same patient had a subsequent attack of left pleurisy with effusion. Ten fluidounces of serum were withdrawn from the chest, and one fluidrachm of adrenalin chloride solution injected. There was no re-accumulation.

In a case of tuberculous peritonitis and ascites, 200 fluidounces of serum were drawn, and two fluidrachms of solution adrenalin chloride introduced into the peritoneal cavity, with four pints of aseptic air (to prevent adhesions). Thirteen days later 237 fluidounces of serum were withdrawn and two fluidrachms of adrenalin chloride solution and two pints of air were injected. Upon a third occasion, eleven

days later, 196 fluidounces of serum were obtained by tapping, and three fluidrachms of adrenalin chloride solution and four pints of sterile air were injected. No re-accumulation of fluid occurred.

A female child of eleven years was the next patient. One pint of fluid was withdrawn from her pleural cavity, and one fluidrachm of adrenalin chloride solution and half a pint of sterile air were injected. Though it was highly probable that the pleurisy was tuberculous, there was no re accumulation of fluid, and the patient recovered.

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#### Two Cases of Phosphorus Poisoning.

1st. A servant girl, six weeks pregnant. She had taken phosphorus internally from two bunches of matches, which failed to produce abortion, and four days later took the phosphorus from another bunch. During the following night the ovum was expelled. Soon afterward, symptoms of poisoning appeared, icterus, etc., and the patient died seven days after the first dose of poison.

2d. A servant girl. She had previously taken phosphorus to produce abortion, with successful results. In the second month of pregnancy she took the phosphorus from half a bunch of matches daily for eight days. Altogether, she had taken phosphorus from four bunches. The ovum was expelled in the night after the last dose. She did not become ill, and was able to perform her usual work.

In September, 1899, she became again pregnant, and in October took phosphorus from three bunches of matches without feeling any ill-effects, and also without producing abortion. A month later she took the same quantity of phosphorus again. Uterine hæmorrhage appeared about fourteen days later, and the patient then aborted. She began to vomit, had icterus, albuminuria and other symptoms of phosphorus poisoning. These symptoms, however, disappeared, and the patient left the hospital well, after about three weeks.—A. De Mare, *Deutsche Zeitschrift for Chirurgie*.

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#### Sulphur in Scarlet Fever.

There is one peculiarity about scarlet fever that I have noticed of late years, and that is, that the form of the disease has changed. I do not recollect having treated a case of malignant scarlatina for a great many years. In the early part of my practice I had a good many cases of malignant scarlatina and I dreaded the disease very much. But in the past ten or fifteen years I have not seen a case. The form of the disease has certainly changed in the region in which I practice, and it is no more the dreaded disease I used to see. It is more characteristic of simple scarlatina than to the older classification. One of the most important remedies in scarlet fever in my experience has been *sulphur*. Of course *belladonna* and *rhus toxicodendron* and such remedies are useful, but I generally give *sulphur*

in scarlet fever in most every case, not because it is a specific, but because I think it is an indicated remedy in a great many cases and it reduces the sequelæ to a minimum.—Dr. A. P. Bowie, in *Hom. Rec.*

### URETERS.

The following conclusions from studies of the ureters will make instructive reading for any one. They are the result of considerable research by A. von L. Brokaw (*Ann. of Surg.*):

1. The uterer is not a uniform calibered tube.
2. It consists in general of three isthmuses or sphincters located at points in the ureter where prejecting adjacent structures compromise : kink its lumen. The ureteral lumen is compromised by (a) the distal renal pole projecting the ureter medianward, producing what the author terms the proximal isthmus, a sphincter or neck of the ureter ; (b) the ureteral lumen is compromised at the point where the vasa iliaca project the ureter ventralward, producing what the author terms the middle isthmus or sphincter, the flexura iliaca ureteris. The middle ureteral isthmus is due to the increased ventral projection of the ureter by the vasa iliaca on assuming the erect attitude (man, erect bimana). Quadrupeds do not possess the middle isthmus, and consequently less lumbar ureteral spindle ; (c) the lumen of the ureter is compromised at the point where its distal end penetrates obliquely the muscular wall of the urinary bladder.
3. Compromised lumen by isthmuses or sphincters induce ureteral dilatations—reservoirs or spindles. There is a ureteral reservoir proximal to each ureteral isthmus, e. g., (a) ureteral pelvis proximal to the proximal isthmus or neck ; (b) lumbar spindle proximal to the middle ureteral isthmus ; (c) pelvic spindle proximal to the distal ureteral isthmus in its vesical wall.
4. The ureteral spindles are more pronounced in women than in men on account of the proximal and distal arteria ureterica having an excessive or periodic hyperemia during reproductive life (pubertas, menstruation, gestation, puerperium, and climacterium). Consequently, in senescence, when its proximal and distal arteria ureterica becomes affected with arterial sclerosis or calcification, lack of nourishment will induce pathologic dilatations of the lumbar and pelvic spindles.
5. Calculi lodge at the ureteral isthmuses.
6. Torsion of the ureter or kink may easily compromise the ureteral neck or proximal ureteral isthmus.
7. Surgical interventions on the ureter should be performed at the ureteral reservoirs or spindles on account of ample lumen and wall.
8. Pathologic conditions of the ureter lie mainly in defects of the ureteral wall (inflammatory products, paresis, tuberculosis, etc.), producing deficient peristalsis, or in the mechanical obstruction to the ureteral stream (calculus, kink, torsion, stricture).



9. So long as the ureteral peristalsis is not interfered with, and especially the ureteral stream is not obstructed, the ureters perform their function.

10. As soon as any mechanical obstruction to the urethral stream arises (as kink, calculus, stricture), the non-drainage induces residual deposits, with resulting accumulations of bacteria, whence the vicious circle occurs in the tractus urinarius exactly similar to vicious circles arising from obstructions in the pylorus or the biliary ducts.

11. The ureter is an independent organ, conducting the urine from the kidney to the bladder by rhythmical waves, regardless of altitude or force of gravity. It is an elongated duct, interpolated between kidney and bladder with similar functions to a bladder, a reservoir.

12. The ureter being located in a universally loose areolar bed, and being longer than the distance between its proximal and distal ends, is capable of an extensive range of motion in pathologic conditions or for surgical intervention.

13. The irregular caliber of the ureter, dilatations (reservoirs, spindles), and constrictions (isthmuses, sphincters) is an hereditary heritage from the Wolffian body enhanced by environments.

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#### The Effect of Serpent Venom Upon the Blood.

This phase of the question was discussed by Dr. Simon Flexner who stated that the work done by Dr. Noguchi and himself had been due to the suggestion of Dr. Mitchell who had also furnished much of the necessary financial aid to carry on the investigations. The subject has been studied continuously for more than two years, many of the results having been published. The idea had been to attack the subject along the lines of immunity, first determining the changes in the blood produced by venom and then interpreting them. Very soon the amboceptor or intermediary nature of venom was demonstrated. Then came the fact that the agglutinating principle of venom is independent of the hemolytic principle, the latter probably being the toxic constituent.

Efforts were then made to separate the poisons that act on the nervous system. This led to the demonstration that there is a very large number of special poisons in venom, among them being agglutinin, hemolysin, hemotoxin, and, especially in the cobra, what Dr. Flexner has called neurotoxin. The nature of the poison acting on the vessel walls to cause hemorrhage was another subject of investigation. It was found that there is a solution of a part of the vessel wall, the poison dissolving the endothelial cells. This principle has been called hemorrhagin, which is not a good term, a better one being endotheliosysin or solvent of endothelium.

Thus they are in venom principles that have an affinity for nerve cells, for blood cells and for endothelial cells. In fact toxins have been found for practically all of the body cells, there being seeming-

ly no limit in this direction. Experiments to determine the exact action of the special principle on nerve cells gave no results in warm blooded animals and the work was transferred to Wood's Hall where shell fish, principally clams, were used. There it was demonstrated that neurotoxin is a cytolyisin that causes solution of nerve cells. The nature of venom in destroying the bactericidal action of the blood has furnished the most recent studies, these having shown that the venom amboceptor fixes the complement of the serum. Venom contains many amboceptors. Dr. Flexner concluded by saying that venom has been shown to contain a large number of principles having different physical actions, but it is hardly possible that they all differ chemically.—*Phila. Echoes and News.*

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**A Deopathic Christopathic Paranoliac Prayer.**

Under the above caption the *Alienist and Neurologist* quotes from some publication of the "Christian Science Cult" the following prayer for a dyspeptic uttered by one of the leading lights of that peculiar order. Gastroenterologists may find in it some food for thought: "Holy Reality! We believe in Thee, that Thou art everywhere present. We really believe it. Blessed Reality, we do not pretend to believe, think we believe, believe that we believe—we believe. Believing that Thou art in this patient's stomach, in every fibre, in every cell, in every atom, that Thou art the sole, only Reality of that stomach. Heavenly, Holy Reality, we will try not to be such hypocrites and infidels as every day of our lives to affirm our faith in Thee and then immediately begin to tell how sick we are, forgetting that Thou art everything and that Thou art not sick, and therefore that nothing in this universe was ever sick, is now sick, or can be sick. Forgive us our sins in that we have this day talked about our backaches, that we have told our neighbors that our food hurts us, that we mentioned to a visitor that there was a lump in our stomach, that we have wasted our valuable time, which should have been spent in Thy service, in worrying for fear that our stomach would grow worse, in that we have disobeyed Thy blessed law in thinking that some kind of medicine would help us. We know, Father and Mother of us all, that there is no such thing as a really diseased stomach; that the disease is in the Carnal Mortal Mind given over to the World, the Flesh, and the Devil; that the mortal mind is a twist, a distortion, a false attitude, the Harmaitia of Thought. Shining and Glorious Verity, we recognize the great and splendid fact that the moment we really believe the Truth, Disease ceases to trouble us; that the Truth is that there is no Disease in either real Body or Mind; that in the Mind what seems to be a disease is a false belief, a Parasite, a hateful excrescence, and that what happens in the Body is the Shadow of the lie in the Soul. Lord, help us to believe that all evil is utterly unreal; that it is silly to be sick, absurd to be ailing, wicked to be wailing, atheism and de-

nial of God to say, 'I am sick.' Help us to stoutly affirm with our hand in Your hand, with our eyes fixed on Thee, that we have no dyspepsia, that we never had dyspepsia, that we will never have dyspepsia, that there is no such thing, that there never was any such thing, and that there never will be any such thing. Amen."

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#### Tetanus Treated with Veratrum Viride.

Dr. H. B. Sweetser (*North western Lancet*) reports the case of a girl of fourteen years who was examined vaginally by a number of physicians for the purpose of determining the nature of an abdominal tumor. Several days later she was operated upon, and an ovarian cyst removed. Thirteen days after the operation and nineteen after the vaginal examinations, she developed tetanus. The muscular contractions rapidly became general, and there were frequent and severe convulsions. The temperature was moderate, but all the other symptoms were severe.

Antitetanic serum was used, but without effect. Chloral and the bromides also failed. Veratrum viride was then tried, at first in doses of one minim of the tincture hourly; these were without effect. Later in doses of four to eight minims of the tincture, combined with eight minims of the fluid extract of gelsemium, the combination being given by rectum every hour. This had a most remarkable effect in controlling the spasms, but did not affect the contractions. The patient recovered.—*Post Graduate*.

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#### Shall We Join the Dizzy Throng?

The eclectics do not relish the idea of an amalgamation of the different schools of medicine. They have, after much tribulation and labor, arrived at a definite therapeutic system, and they do not care to return to the chaos of the dominant school. *The Weekly Medical Gazette*, of Vienna, speaks thus cheerfully of the state of therapeutics in the ancient school: "Building goes on briskly at the Therapeutic Tower of Babel; what one recommends, another condemns; what one gives in large doses, another dares to prescribe only in small doses; what one vaunts as a novelty, another thinks not worthy of rescue from a merited oblivion. All is confusion, contradiction, inconceivable chaos. Every country, every place, almost every doctor, have their own pet remedies. This changes every year, almost every month." In the face of such admissions and confessions, we do not wonder that the eclectic school feels shy in regard to linking its medical destiny to a school that ends up such a dismal wail, every once in a while. *The American Med. Journal*, for January, has an article upon this subject from the pen of G. Helring, M.D., of Texas, who sees in the dogmatic spirit that has pervaded the old school of medicine, for centuries, a stumbling block to all future progress.

# Eclectic Medical Institute

(Complete Announcement may be obtained by addressing the Secretary.)

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## BOARD OF TRUSTEES.

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## FACULTY.\*

JOHN URI LLOYD, Phr. M., corner Court and Plum streets, City.  
*Professor of Pharmacy and Pharmaceutical History.*

ROLLA L. THOMAS, M. D., 792 E. McMillen street, City,  
*Professor of the Principles and Practice of Medicine; Dean of the Faculty.*

WILLIAM E. BLOYER, M. D., "The Lancaster," 22 W. 7th st., City,  
*Professor of Materia Medica, Therapeutics, and Clinical Medicine.*

JOHN K. SCUDDER, M. D., 1009 Plum street, City,  
*Secretary of the Faculty.*

ROBT. C. WINTERMUTE, M. D., "The Leverone," 4 W. 7th st., City.  
*Professor of Obstetrics, Gynecology, and Pediatrics, and Clinical Diseases of Women and Children.*

LYMAN WATKINS, M. D., Blanchester, O.  
*Professor of Pathology and Physiology.*

W. L. DICKSON, LL. B., 703 Union Trust Building, City.  
*Professor of Medical Jurisprudence.*

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\* Arranged in order of seniority of appointment.

- HARVEY W. FELTER, M. D., Cor. Chase & Pitt sts., Northside, City  
*Professor of Anatomy.*
- BISHOP McMILLEN, M. D., Shepard, O.  
*Emeritus Professor of Mental and Nervous Diseases.*
- L. E. RUSSELL, M. D., "The Groton," 7th and Race sts., City.  
*Professor of Clinical Surgery and Operative Gynecology.*
- JOHN R. SPENCER, M. D., 952 West Eighth street, City,  
*Professor of Electro-Therapeutics and Physical Diagnosis.*
- KENT O. FOLTZ, M. D., 105 Odd Fellows' Building, City,  
*Professor of Didactic and Clinical Ophthalmology, Otology, Rhinology, and Laryngology.*
- CHARLES GREGORY SMITH, M. D., 224 Dorchester ave., City.  
*Professor of Chemistry.*
- HERBERT E. SLOAN, M. D., 1009 Plum street, City,  
*Professor of Didactic Surgery.*
- EMERSON VENABLE, A. B., 3649 Vineyard Place, City,  
*Instructor in Physics and Latin.*
- EDWIN R. FREEMAN, M. D., N. E. cor. 7th and John sts., City.  
*Demonstrator of Anatomy.*
- JOHN L. PAYNE, M. D., 805 Freeman ave., City,  
*Lecturer on Hygiene and Demonstrator of Histology, Pathology, and Bacteriology.*

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## CLINICAL INSTRUCTORS.

- ROBERT C. WINTERMUTE, M. D.  
*Clinical Instructor in Medical Diseases of Women and Children. and Out-Door Obstetrics.*
- L. E. RUSSELL, M. D.  
*Clinical Instructor in Surgery and Operative Gynecology.*
- W. E. BLOYER, M. D.  
*Clinical Instructor in Medicine.*
- KENT O. FOLTZ, M. D.  
*Clinical Instructor in Diseases of the Eye, Ear, Nose and Throat.*
- GEORGE H. KNAPP, M. D.  
*Assistant in the Medical Clinic.*
- D. M. ULERY, M. D.  
*Assistant in the Eye, Ear, Nose and Throat Clinics.*

## ANNOUNCEMENT.

### Session of 1904-1905.

. NOTE.—These regulations refer particularly to new students and graduates of the years 1905, 1906, 1907, and 1908.

#### *Sixtieth Annual Session.*

The Sixtieth Annual Session of the Eclectic Medical Institute will begin on Monday, September 19, 1904, and continue thirty weeks, until April 19, 1905.

#### *Entrance Examination.*

An entrance examination will be held on Saturday, September 17, at 9 A. M., for students entering the College who are not able to furnish the necessary credentials as required by the regulations. (See page 343.) This will embrace the usual studies of a graded high school course, including—1. An English composition of not less than 200 words, grammar and rhetoric. 2. Higher arithmetic. 3. United States history. 4. Geography. \*5. Elementary physics. \*6. Latin prose.

Students conditioned in one or more of the branches enumerated above will be given until the beginning of the second year to make up such deficiencies, provided that students who fail in any of the required branches of this second examination shall not be admitted to a second course.

Examinations to determine the standing of students who have attended elsewhere, and for removing conditions of first, second, or third year students, will be held by the respective Professors September 16 and 17.

Students who have attended two or three sessions elsewhere will be examined in Anatomy, Chemistry, Physiology, Principles of Medicine, Hygiene and Materia Medica. Students passing a majority of these subjects will be entitled to enter, and make up the deficiencies in addition to the regular year's work. Pass grades will be accepted from certain accredited medical colleges.

Graduates of accredited medical colleges will be admitted to the senior year without examination.

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† This examination can be conducted elsewhere by the examiner of the faculty of a recognized literary or scientific College or University, or by the State Superintendent of Instruction, or a Principal of a High School. The regulations governing the entrance qualifications of students who desire to practice medicine subsequently in the State of Ohio, as prescribed by the rules of the Ohio State Board of Medical Registration and Examination, can be found on page 343.

\*Students can pursue these branches the first year in college.

***Term Examinations.***

Throughout the entire course daily examinations or quizzes are held by the Professors, thus aiding the student's memory, and assuring his continued advancement. The Freshman, Sophomore, Junior and Senior examinations will be held in writing, beginning April 5, and at no other time. Candidates for graduation can be examined only at this time.

***No Private Quiz Classes.***

All the instruction in this college is given in the regular lectures, and regular, every day quizzes. No private classes for which students must pay an additional fee are allowed. There are no special courses to add to the student's expense. In many colleges the extras are said to approach the cost of regular tuition.

***Reading Medicine.***

It is our experience that the sooner the student attends his first course of lectures the better he will read medicine in the physician's office. In the college he learns how to study and what to study, and will usually make as much progress in one session as in three years of ordinary reading. Our best students are those who commence with a course of lectures, and continue their attendance session after session until graduation. Some very successful physicians received their entire education in the college, without any office instruction.

It is quite advisable for students to take a short course of study under a preceptor at home, or medical reading without the help of a physician, and they are earnestly advised to confine themselves to the following text books:

1. Elementary Physics—*Avery's Physics.*
2. Chemistry—*Simons' Chemistry.*
3. Physiology—elementary parts, circulation, respiration, etc.—  
*Kirke's Handbook of Physiology.*
4. Osteology and General Anatomy—*Gray.*
5. Specific Diagnosis and Specific Medication—*Scudder.*
6. Materia Medica—*Locke.*
7. Latin—*Robinson's Latin Grammar of Medicine and Pharmacy.*

***State Laws.***

Each matriculate must study medicine four years, and take four annual courses of lectures of at least six months each, before he can practice medicine in Colorado, Nevada, New Mexico and Wyoming.

No graduate can practice medicine in Alabama, Arkansas, Arizona, Connecticut, California, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Indiana, Illinois, Indian Territory, Iowa, Kentucky, Kansas, Louisiana, Massachusetts, Maine, Michigan, Missouri,

Minnesota, Maryland, Montana, Nebraska, New Hampshire, N. Jersey, New York, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, S. Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia and Wisconsin, without undergoing an examination before a state board, in addition to having the requirements before mentioned. Our diplomas are recognized, and are everywhere on an equality with those of any college in the United States.

### **FEES.**

For Single Session's Tuition.....	\$75.00
Chemical Laboratory Course.....	Free
Histological and Pathological Course.....	Free
No extra charge for Matriculation or Demonstrator's fees, or for dissecting material.	
Scholarship Fee.....	\$250.00
(This includes all the foregoing, and is good for four or more sessions. It can be paid in three installments: at the beginning of the first session, \$100.00; second session, \$100.00; third session, \$50.00. It is transferable for two sessions, if the holder has matriculated for one session; or transferable for one session, if he has matriculated for two sessions.)	
Graduation Fee (returnable in case of failure).....	25.00
Cincinnati Hospital Ticket.....	5.00
One Session's Tuition to graduates of a recognized medi- cal college, including graduation fee.....	75.00
Same without re-graduation.....	50.00
The fees are cash in all cases.*	

### **System of Scholarships.**

That there should be no excuse for poor attainments and possible failure, this College has provided a system of scholarships, which enables the student, at a moderate cost, to attend college until he is thoroughly prepared. Not only this, but a full seven months' course of instruction each year is provided, with apparatus and instruction in the use of the same by earnest, educated teachers who assist at every step. The scholarship of \$250.00 includes all the fees for lectures and demonstrator's fees in anatomy, chemistry, and microscopy. This scholarship is transferable under the conditions previously noted.

### **Hospital and Clinical Facilities.**

Students have two hours of clinical instruction daily in the Cincinnati Hospital. In addition to this there will be clinical instruction two hours in the College building daily upon diseases of the eye,

\* Under no circumstances are fees returnable. Single session tickets are not transferable. Students can, however, make up lost time in any future session without extra charge.



ear, nose, and throat, diseases of the skin, medical and surgical diseases of women and children, general surgery and medicine, and physical diagnosis.

Facilities for the care of surgical patients have been provided, and operations will be performed before the class. Physicians will recollect that all medical treatment before the class is free from charge, and that, in surgical cases, the charge will only be sufficient to cover the necessary attendance after operation.

The Seton Hospital, constructed at an expense of \$90,000, is conducted by the Sisters of Charity, and is located at 640 West Eighth street, near Cutter. The building, a large stone-front structure, is located on a lot fronting 63 feet on Eighth street, and running 200 feet through to Ninth street, thus giving a double frontage and excellent light and ventilation.

The Eclectic Medical Institute added a three-story wing to the building, consisting of twelve rooms, a fine, modern operating room and clinical amphitheater for the presentation of medical and surgical cases before the College class. In this operating amphitheater cases are brought exclusively before students of our College, thus affording us an excellent opportunity to demonstrate the many advantages of Eclectic medication and the exactness of our surgeons. Demonstrations before the class take place Wednesdays and Saturdays throughout the College year, and at other times by appointment.

Seton Hospital is heated by steam. It has hard wood floors and open plumbing, and most excellent sanitary arrangements, insuring good accommodations for patients. All classes of cases will be taken, barring, of course, contagious diseases. There are no wards in the Hospital, each patient having the benefit of his own exclusive room. The total cost of room, board and nursing ranges from \$10.50 to \$21.00 per week.

A limited number of charity patients will be taken. The medical and surgical service furnished by the various members of the faculty of this College is absolutely free, where the patients contribute in a clinical way to our classes.

Information regarding rooms and board can be secured by addressing John K. Scudder, M. D., 1009 Plum street, Cincinnati, O.

### ***Clinical Amphitheater.***

Owing to the rapid growth and enlargement of the dispensary service, the room formerly devoted to clinical purposes became too small, and a large amphitheater was constructed in 1894; the basement and first floor of the college building have been remodeled, fitted up for clinical use, and supplied with all the modern appliances for the examination of patients, and for systematic clinical instruction.

**Dissections.**

Under the new anatomical act dissections are legalized in this State, and the bodies of persons from public institutions are given to the medical colleges. Dissecting material will be abundant the coming winter, and students will be enabled to make three or more dissections.

**Y. M. C. A.**

The college department of the Young Men's Christian Association meets once a week in the College, at which speakers of public note address the meeting. All students are eligible to membership. New students are especially invited. A bureau of information for assisting new students in procuring rooms, etc., can be found at the College. There will be a committee of students at the college during the week previous to the opening of the session, to aid new students in securing suitable rooms, boarding, etc. This committee will arrange to meet students at the railroad depots, if the time of arrival is sent to the President of the Y. M. C. A., Mr. George E. Dash, 1009 Plum street.

**Athletics.**

The athletic association of the Eclectic Medical Institute is made up of representatives of the various classes, with the Secretary of the College ex-officio. It has had charge of the foot-ball and basket-ball teams during the past three years. Next fall a track team will be organized and entries made in the Y. M. C. A. tournament in January.

The officers for 1904-5 are: President, J. D. Keiper, '06; Vice-President, J. T. Bowman, '07; Secretary, M. V. Hazen, '06; Treasurer, Nelson McLaughlin, '07.

They will be glad to correspond with prospective students who are inclined toward athletics.

The foot-ball team of 1901 was composed of Manager Roy C. Hunter, Meek, Buehrer, Leighner, Weikal, Wasson, Seely, Beaman, Lamoreaux, B. Van Horn, Freidline, McLaughlin, A. M. Van Horn, Grimes, Sherman, Wrightman, Austin, Tobey and McLaren.

In 1902 Walter C. Wagner was the manager, and Wilson and Krohn were on the team.

In 1903 the team was managed by Byron Van Horn, and consisted of Keiper, Johnson, Eastham, Caines, B. Van Horn, Wilson, Cunningham, Rinehart, Dahm, N. McLaughlin, T. McLaughlin, McLaren, E. G. McLaughlin and Sponseller.

H. A. Martin, '05, R. F. D. No. 4, Zanesville, Ohio, will manage the team in 1904, and he desires to correspond with new men.

Photo-engravings of the 1902 and 1903 teams were published in the *Eclectic Medical Journal*.

The basket ball team for 1903 consisted of F. E. Elliott, Sherman, Corwin, Cunningham, E. K. Conrad, J. W. Barry, Jr., A. J. Johnson, D. E. Bronson.

***Boarding.***

We take special pains to select boarding in private boarding houses, where students will have all the comforts of a home, and at the same time have a quiet room in which to pursue their studies. Board and room can be had at from \$3 00 to \$5.00 per week. To accommodate those of limited means, rooms can be procured in which students can board themselves, bringing their expenses below three dollars per week. Those who intend to pursue this latter course will do well to write two or three weeks in advance, and bring a sufficient quantity of bed covering.

***Information.***

Students arriving by railroad will do well to take the omnibus ticket and have their baggage taken immediately to the college building, Court and Plum streets, where they will get all necessary information in regard to board and matriculation.

Letters to students must be addressed, "Care of Eclectic Medical Institute, No. 1009 Plum street." But money packages by express, and letters containing valuables, should be addressed to the care of John K. Scudder, M. D., thus preventing trouble in identification and danger of loss. Arrangements have been made with the City Hall Bank to receive on deposit the money of students. The attention of the student is particularly called to this paragraph, as it may save much trouble, if not actual loss.

For further information address—

JOHN K. SCUDDER, M. D., SECRETARY,  
1009 Plum St., Cincinnati, O.

Long Distance Telephone Main 2062.

## REGULATIONS.

### *Requirements of Entrance—Certificate of Study.*

For matriculation the Faculty requires:—

1. A certificate of good moral character.
2. Diploma of graduation from graded high school, literary or scientific college or university, a first grade teacher's certificate, or evidence of having passed the matriculation examination to a recognized literary or scientific college.
3. Students desiring to practice in New York must obtain a Regents' medical student's certificate, to be obtained on credentials or by examination, from the Examination Department, University of the State of New York, Albany.
4. Students desiring to practice in Ohio must be governed for entrance by the Ohio law, and the rules and regulations of the Ohio State Board of Registration.†

Students must have an elementary knowledge of Latin.\*

Students matriculating for subsequent practice in States other than New York or Ohio, and who lack one of the foregoing educational qualifications, may take an examination before our authorized examiner as follows:—1. An English composition of not less than 200 words—grammar and rhetoric. 2. Higher arithmetic. 3. United States History. 4. Geography. \*5. Elementary physics. \*6. Latin prose.

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† Matriculates who will be applicants for registration in the State of Ohio must possess:

A diploma from a reputable college granting the degree of A. B., B. S., or equivalent degree.

A diploma from a normal school, high school or seminary, legally constituted, issued after four years of study.

A teacher's permanent or life certificate.

A medical student's certificate issued upon examination by any State Board.

A student's certificate of examination for admission to the Freshman class of a reputable literary or scientific college.

These credentials must be presented to Prof. Coy September 21 and 22.

A certificate of his having passed an examination conducted under the direction of the State Board of Medical Registration and Examination of Ohio, by certified examiners, none of whom shall be either directly or indirectly connected with a medical college.

This latter examination will be held by Prof. E. W. Coy, at Hughes High School Building, September 23d and 24th, for Cincinnati students. Fee, \$2.00. The examination will embrace: Foreign Language—two years of the Latin Language—English Literature, Composition, and Rhetoric. History—United States History and Civics, with reference to the constitutional phases of American History. Mathematics—Algebra through Equations and Plane Geometry. Science—Botany or Zoology, Physiography or Chemistry, and Physics. Further particulars will be sent on request.

\* Students who cannot offer Latin or Physics will be given an opportunity of studying same during the first year at the College, under a competent instructor, without charge.

Students conditioned in one or more of the branches enumerated above will be given until the beginning of the second year to make up such deficiencies, provided that students who fail in any of the required branches of this second examination shall not be admitted to a second course. These requirements for admission are in accord with those of the American Medical College Association, the Homeopathic College Association, and the National Confederation of Eclectic Medical Colleges, and the minimum requirements of the several State Boards of Medical Registration.

Graduates of a recognized literary college, and students who have attended one annual session at an accredited medical college, are admitted as second year students.

Students who have attended two annual sessions elsewhere are admitted to the third year course on passing examinations of the first and second year's work. Graduates of accredited medical colleges are admitted to the fourth year without examination. [See page 337.]

#### *For Graduation.*

Students applying for graduation must be at least twenty-one years of age, and must have read medicine four years, and attended four annual sessions of not less than thirty weeks each, the last of which, at least, must have been in this college.\*

Time of reading includes college attendance. All students must have taken the chemical, histological, and pathological laboratory courses, attended the clinical lectures in the Cincinnati Hospital during two sessions, the college clinics during at least two sessions, have dissected at least half of a cadaver, and taken the practical course in obstetrics and surgery. The candidate must notify the dean six weeks prior to the end of the session of his intention to take the final examinations, must submit an original thesis on some subject pertaining to medicine (embracing from ten to forty pages of thesis paper), must have previously paid all fees, must at this time deposit the graduation fee (returnable in case of failure), and must pass satisfactorily the term as well as the final examinations.†

The judgment of the Faculty upon the fitness of candidates is based on their knowledge of their general attendance, industry, character, and general habits, as well as upon the results of their final examinations.

A rejected candidate may be re examined, at the discretion of the Faculty, after having attended a half or full additional session. Each graduate, at the close of the session, will be required to attend the Commencement exercises, and personally receive his diploma. No honorary diplomas are issued by the Eclectic Medical Institute.

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\* To constitute a full term or session the absence should not exceed one month in the aggregate.

† Students who have matriculated here in years past can not, under any circumstances, claim graduation under requirements then in force.

***Commencement Exercises.***

General arrangements in regard to the Commencement Exercises are left to a majority vote of the class. But all action in regard to invitations, class pictures, or wearing of caps and gowns, is subject to the approval of the Faculty Committee. The entire class must comply with all the established regulations made by the majority of the class for the Commencement Exercises.

***Rules Governing the Standing of Students and Examinations.***

1. The standing of each student in each chair will be determined by the professor or instructor in charge of the chair, and the grade will be made up from the marks received during the session in oral quizzes, in written quizzes, and final term examination.

2. The grades will be made upon the scale of 100: 90 to 100, passed with distinction; 80 to 90, passed well; 70 to 80, passed; 60 to 70, conditioned; below 60, failed. The passing mark from one year to another will be a general average of 70 per cent.

3. Students of the first, second, and third years, who are conditioned, must have a written examination in those branches in which they are deficient, immediately before the opening of the succeeding session, upon the date mentioned in the calendar. If the student fail upon any branch at the written examination, he shall be required to repeat the study of the preceding year.

4. There shall be no re-examination of unsuccessful candidates for the degree of M. D. until the close of the ensuing session, and the said candidate will be required to attend the instruction during a subsequent session on such branches as may be determined, before he will be eligible for re-examination.

5. Candidates for examination must secure a general average of 75 per cent., the final examination in each branch for the entire course being considered on the basis of hours per week.

***Rules of Conduct.***

1. Students are required to observe such rules of decorum and orderly conduct in the lecture rooms, laboratories, and halls of the college, as would be expected of a gentleman.

2. All students are required to be regular in their attendance and in their seats in the lecture room at the proper time, in order that there may be no interruption after the entrance of professor or lecturer.

3. Smoking in any part of the building, except in the dissecting room, is not permitted.

4. Defacing the walls or furniture in any manner is strictly prohibited.

5. All damages done to the college property must be made good by the individual doing the damage.

6. Students will be assigned seats on matriculation, for the good care of which they will be personally responsible.

7. Infringement of these rules will subject the student to a private reprimand, to a public reprimand, or temporary suspension by the Dean, as the nature of the case in his judgment requires, or expulsion from the college, when concurred in by the Trustees.

## LIST OF MATRICULATES.

### SENIORS—Class of 1904.

NAMES.	PRECEPTOR.	STATE.
Backus, S. George.....	Dr. J. W. Hunter,	W. Va.
Baumann, Nicholas C.....	Dr. J. F. Galley,	Ohio.
Brodnac, James T.....	E. M. Institute,	Ohio.
**Callihan, G. Darwin.....	Dr. C. S. Callihan,	Kentucky
Choate, Will G.....	Dr. C. F. Heffington,	Ark.
Clark, George W.....	Dr. E. H. Moore,	Penn'a.
Coe, Urling C.....	Dr. G. D. Coe,	California
Collins, Thomas F., B.S.....	Dr. Wood Fulton,	Penn'a.
**Decatur, Percy E., B.S.....	Dr. A. S. McKittrick,	Ohio.
Doughty, Richard D.....	Dr. W. L. Robinson,	Ohio.
Elliott, Frederic E.....	E. M. Institute,	Missouri.
Gage, James Wesley.....	Drs. Clark & Clark,	Indiana.
Gossett, Lucy, M. D.....	Practitioner,	Indiana.
Hanna, Myron, Ph.G.....	Dr. C. W. Noble,	Ohio.
Hart, Howard C.....	Dr. W. H. Newlin,	Indiana.
Housmyer, Charles C.....	Dr. A. G. Miller,	Indiana.
Kingsley, Harry O.....	Dr. W. R. Campbell,	Penn'a.
**Krohn, Clifford P.....	Dr. E. A. Ballmer,	Ohio.
McLaren, Frank N.....	Dr. J. H. Breeden,	Illinois.
McLaughlin, Thad.....	Dr. C. W. Russell,	Ohio.
Meadows, Matthew W.....	Dr. B. F. Bennett,	Kentucky
Osburn, Joyce F., M. D.....	Practitioner,	Arkansas.
Powell, Theodore P., M. D.....	Practitioner,	Okla.
Reynolds, Vance T.....	Dr. E. A. Sturm,	Ohio.
Robbins, Laban F., M. D.....	Practitioner,	Kentucky
Ross, William O. H.....	E. M. Institute,	Ohio.
**Sherman, James G.....	Dr. S. M. Sherman,	Ohio.
Smith, Emma F. S., M. D.....	Practitioner,	W. Va.
Smith, George W.....	Dr. W. A. J. Brown,	W. Va.
Tobey, Wilbur Carl.....	Dr. O. W. Tobey,	Kentucky
Total, 30.		

\*\*Interne Seton Hospital, 1903-1904.

## JUNIORS—Class of 1905.

NAMES.	PRECEPTOR.	STATE.
Backus, Charles B.....	E. M. Institute.	W. Va.
Barry, George A.....	Dr. J. W. Barry,	Ohio.
Barry, John W. Jr.....	Dr. J. W. Barry,	Ohio.
Beucler, Pauline M.....	Dr. J. S. Beucler.	Ohio.
Bennet, Pearl R.....	Drs. Bennet & Baldridge,	Indiana.
Blagg, Emmett.....	Dr. Allen Bush,	W. Va.
Boram, Alta M.....	E. M. Institute,	Indiana.
Boram, Harry B.....	E. M. Institute,	Indiana.
Caines, John W.....	Dr. D. G. Carey,	Kentucky
Conrad, George W.....	Dr. G. E. Conrad,	Penn'a.
**Cooper, Marion A.....	Dr. D. J. Thomas,	Texas.
**Dash, George E.....	Dr. J. H. Ashabrunner,	Indiana.
Elliott, Robert A., Ph.G.....	Dr. W. S. Turner,	Ohio.
**Ellsworth, William A.....	Dr. L. E. Brayman,	Ohio.
Faler, Augustus L., Ph.G.....	E. M. Institute,	Ohio.
Gamble, Ernest R.....	Dr. J. J. Brower,	Ohio.
Jackson, John M.....	Dr. R. L. Jackson,	Kentucky
Jeancon, Etta C.....	Dr. C. A. Jeancon,	Kentucky
Johnson, C. Ellis....	Dr. B. F. Bennett,	W. Va.
Johnson, Frank Leslie.....	E. M. Institute,	Kentucky
Jones, Percy L.....	Dr. W. C. Shriner,	Kentucky
Kyser, Charles Fred.....	Dr. J. A. Archer,	Kentucky
McGinnis, George W.....	Dr. B. F. Bennett,	Kentucky
Marshall, William J.....	E. M. Institute,	Penn'a.
Martin, Harry A., Ph.G.....	Dr. I. M. Shrader,	Ohio.
Martin, Hiram B.....	Dr. J. P. Soliss,	Illinois.
Miller, Elmer.....	Dr. R. R. Anderson,	Ohio.
Miller, John W.....	Dr. B. F. Bennett,	Kentucky
Otto, Charles J.....	Dr. James Hays,	Ohio.
Phippe, Charles E.....	E. M. Institute,	Ohio.
Price, Harmon E.....	Dr. G. S. Couch,	Illinois.
Sawyer, Reuben E.....	Dr. M. E. Daniel,	Texas.
Sheerer, Walter W.....	Dr. J. F. Blanchard,	Illinois.
Souter, Arthur John.....	Dr. C. E. Wilbourne,	Arkansas
Steinhouser, William.....	Dr. Colon Beck,	Ohio.
Vance, Fred. W.....	Dr. G. O. Brown,	W. Va.
Van Horn, Allison M.....	Dr. W. S. Van Horn,	Ohio.
Van Horn, Byron.....	Dr. W. S. Van Horn,	Ohio.
White, Thomas E.....	Dr. C. B. White,	Georgia.
**Wolf, Charles M. L.....	Dr. W. T. Gemmill	Ohio.
Yost, George F. C.....	Dr. L. L. Yost,	W. Va.
Total, 41.		



## SOPHOMORES—Class of 1906.

NAME.	PRECEPTOR.	STATE.
Bettencourt, Manuel F. jr. ....	Dr. L. S. Downs,	Texas.
Bradstreet, Samuel W. jr. ....	Dr. M. W. Dawley,	N. York.
Bronson, Dellett E. ....	Dr. E. S. Bronson,	W. Va.
Brown, Sloan A., Ph.B. ....	Dr. Nannie May Sloan,	Penn'a.
Campbell, Charles R. ....	Dr. R. O. Campbell,	Ohio.
Candlin, George H. ....	E. M. Institute,	Colorado.
Conner, Halstead A. ....	Dr. W. C. Underwood,	Ohio.
Conrad, Earl K. ....	Dr. G. E. Conrad,	Penn.
†Corwin, Carl N. ....	Dr. L. Watkins,	Ohio.
Cunningham, Wm. B., B. A. ....	Dr. Nannie May Sloan,	Penn'a.
Dewey, Alburton A. ....	Dr. C. T. Guillaume,	N. York.
Eastham, J. George. ....	Dr. L. M. Campbell,	W. Va.
Gregg, George W. ....	Dr. J. A. Hawley,	N. York.
Hazen, Merl V. ....	Dr. J. H. Hazen,	Penn'a.
Hudson, Charles L. ....	Dr. C. D. Hudson,	Texas.
Johnson, Arthur J. ....	Dr. G. S. Couch,	Illinois.
Keiper, Jacob D. ....	Dr. F. J. Livingstone,	Penn.
Kling, Henry A. ....	Dr. W. C. Shrinier,	Ohio.
Martin, Ira N. ....	Dr. C. E. Martin,	Illinois.
Moore, John R. ....	E. M. Institute,	Penn.
Nichols, W. Ellis. ....	Dr. B. F. Bennett,	Kentucky
North, Edward A. ....	Dr. W. C. Cooper,	Kentucky
Padgham, Ethebert G. ....	Dr. R. W. Padgham.	N. York.
†Parker, Elda E. ....	Dr. G. L. McNeal,	Indiana.
Pohlmeyer, Herman F., B.L. ....	E. M. Institute, ....	Ohio.
Rank, Auldy T. ....	Dr. J. W. Kannel,	Ohio.
Reefy, Karl P. ....	Dr. P. D. Reefy,	Ohio.
Rhein, Alfred E. ....	Dr. E. R. Baldrige,	Indiana.
Rinehart, Archie B. ....	Dr. L. S. Riggs,	W. Va.
Sidener, Thomas T. ....	Dr. W. S. Turner,	Ohio.
Smith, Clifford G. ....	Dr. Harry E. Dwire,	Ohio.
Souter, Thomas E. ....	Dr. Florence T. Duvall,	Arkansas
Sponseller, Fred M., B.S. ....	E. M. Institute,	Ohio.
Thiel, John N. ....	Dr. J. W. Thiel,	Ohio.
Waltermire, Tell C. ....	Dr. W. N. Mundy,	Indiana.
Werner, Harry R. ....	Dr. W. L. Werner,	W. Va.
Wilson, Victor P. ....	Dr. M. A. McKendree,	Ohio.
Total, 37.		

† Attendance incomplete.

## FRESHMEN—Class of 1907.

NAME.	PRECEPTOR.	STATE.
Armstrong, Jessie J.....	E. M. Institute,	Arkansas.
Barrett, Bernard W.....	Dr. M. F. Baldwin,	Indiana.
Beane, Carle W.....	Dr. B. F. Beane,	Ohio.
Bell, Vandiver L.....	Dr. N. G. Vassar,	Ohio.
Bennett, George E.....	Dr. C. W. Seely,	N. York.
Blough, Elijah Robert, Phar.D...	Dr. A. L. Yoder,	Ohio.
Bowles, J. Locke.....	Dr. S. G. Backus,	W. Va.
Bowman, Jacob T.....	Dr. E. F. Bittner,	Penn'a.
Buten, Edward John.....	E. M. Institute,	Kentucky
Dahm, Howard C.....	Dr. W. J. Crawford,	Ohio.
Dickinson, Joshua Clifton.....	Dr. J. P. Harbert,	Ohio.
†Duncan, Charles H., A.B.....	E. M. Institute,	Kentucky
Glass, Earl F.....	Dr. D. H. Edwards,	W. Va.
Hartwig, W. B.....	Dr. Geo. W. Smith,	W. Va.
Hays, Lee A.....	Dr. Bishop McMillen,	Ohio.
Hoag, Charles M.....	Dr. J. Clyde Huntley,	Arkansas
Hodge, Otto.....	E. M. Institute,	Kentucky
Horner, Charles E.....	E. M. Institute,	Kentucky
Hunter, Alfred L.....	Dr. J. W. Hunter,	W. Va.
Jenner, Allan C.....	Dr. E. L. Palmer,	Illinois.
Kahle, Harold.....	E. M. Institute,	Penn'a.
McLaughlin, Earl G.....	Dr. C. H. Dyer,	Illinois.
McLaughlin, Nelson.....	Dr. Louis E. Cook,	Ohio.
Marshall Pliry M.....	E. M. Institute,	Penn'a.
O'Hara, P. Henry.....	Dr. W. H. Swisher,	Ohio.
Rausch, Daniel E.....	Drs. Morris & Smith,	Ohio.
Saxton, Jesse J.....	Dr. D. E. Saxton,	Florida.
Shafer, Joseph C.....	Dr. E. L. Palmer,	Illinois.
†Taylor, William L.....	E. M. Institute,	Ind. Ter.
†Thornbury, J. Walter.....	Dr. J. H. Thornbury,	W. Va.
Van Horn, Nelle.....	Dr. W. S. Van Horn,	Ohio.
Whitacre, Geo. D.....	Dr. O. C. Whitacre,	Ohio.
Winter, Emil G.....	Dr. G. G. Winter,	Indiana.
†York, William.....	Dr. J. F. York,	W. Va.
Total, 34.		

## LIST OF GRADUATES.

NAME.	SUBJECT OF THESIS.	STATE.
BACKUS, SQUIRE GEORGE.....	Phthisis Pulmonalis.	W. Va.
BAUMANN, NICHOLAS C.....	Coughs, their Causes and Treatments.	Ohio.
BRODNAC, JAMES TURNER.....	Individualism of Eclecticism.	Ohio.
CALLIHAN, G. DARWIN.....	Epidemic Influenza.	Kentucky
CHOATE, WILLIAM G.....	Cholera Infantum.	Arkansas.
CLARK, GEORGE W.....	Differential Treatment of the three Schools in Lobar Pneumonia.	Penn'a.
COE, URLING C.....	Incongruities of Medicine.	Califor.
COLLINS, THOMAS F.....	Operative Preparations.	Penn'a.
DECATUR, PERCY E.....	Acute Tonsillitis	Ohio.
DOUGHTY, RICHARD D.....	Diagnosis and Treatment of Pneumonia.	Ohio.
ELLIOTT, FREDERIC E.....	Education.	Missouri.
GAGE, JAMES WESLEY.....	Appendicitis.	Indiana.
HANNA, MYRON.....	Dysentery.	Ohio.
HART, HOWARD C.....	Infantile Catarrhal Laryngitis.	Indiana.
HOUSMYER, CHARLES C.....	Cerebro-Spinal Fever.	Indiana.
KINGSLEY, HARRY O.....	Proper Field for the Eclectic Physician.	Penn'a.
KROHN, CLIFFORD P.....	Practical Points.	Ohio.
McLAREN, FRANK N.....	Parotitis	Illinois.
McLAUGHLIN, THADDEUS.....	Appendicitis.	Ohio.
MEADOWS, MATTHEW W.....	Typhoid Fever.	Kentucky
REYNOLDS, VANCE P.....	Placenta Prævia.	Ohio.
ROBBINS, LABAN F.....	Treatment of Chronic Tuber- culosis of Lungs.	Kentucky
ROSS, WILLIAM O. H.....	Lobar Pneumonia.	Ohio.
SHERMAN, JAMES G.,.....	Chloroform in Anesthesia.	Ohio.
SMITH, E. FORENCE STIR.....	Typhoid Fever.	W. Va.
SMITH, GEORGE W.....	Who shall Study Medicine?	W. Va.
TOBEY, WILBUR CARL.....	General Anesthesia.	Kentucky

Totrl, 27.

## RECAPITULATION.

Seniors.....	30
Juniors.....	41
Sophomores.....	37
Freshmen.....	34
Total.....	142
Graduates.....	27

## Eclectic Medical Journal.

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ASSISTED BY THE FACULTY OF THE ECLECTIC MEDICAL INSTITUTE.

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### COMMON DISEASES OF CHILDREN.

IV. PERTUSSIS.—While whooping cough may occur at any time of life, even in advanced age, a majority of cases will be seen during childhood; and it may therefore be recognized as one of the common diseases of children,—a child's disease. Unlike measles it attacks very young children, and is frequently prevalent quite early in life; fully one half of the cases occurring before the end of the second year; a large proportion of all cases will be encountered under the eighth year. Whooping cough depends on a specific infection peculiar to itself, and is equally contagious with the other diseases common to children.

As is usually true in the affections of children, it occurs as a rule but once in the same individual, an immunity against subsequent attacks being peculiar to the acute infectious diseases. This disease occurs more generally during the cold and changeable weather of winter, early spring or late fall, and is usually seen in epidemic form. It is in most instances contracted by direct contact; while the element of poison is quite active, it is not likely to disseminate through the atmosphere to to any great extent, since the area of contagion is small. Owing to the character of the infection the period of incubation is short, frequently symptoms manifest themselves, and are very clearly in evidence within six or seven days from the date of contact, while again in older and stronger children it may continue for ten or even twelve days. If after a given exposure two weeks pass with no untoward manifestation, and without the development of a cough, probabilities would be strong that the disease had not been contracted.

By many, whooping cough is presumed to be of bacterial origin; though the nature of the micro-organism is yet unknown. Others look upon it as simply a bronchial catarrh involving the bronchial and tracheal glands, while again it is said to be a well defined neurosis.

Nearly all students of the subject are in unison that the nature of the poison is not yet settled, and likewise agree that no matter what the origin may be, pertussis is a disturbance of the sympathetic ner-

vous system, either the pneumogastric, phrenic, recurrent-laryngeal, or the sympathetic nerves of the medulla.

The prodromal stage following incubation is not especially characteristic, since it is not essentially different from the symptoms of an ordinary severe cold. It usually continues from three or four days to a week, during the beginning of which the child is shivery and cold, complaining of chilly sensations, followed by a slight fever, headache, sneezing, stopping of the nose, more or less cough, and frequently irritation of the throat; and unless there had been a known exposure to pertussis no suspicion would be excited.

These symptoms all continue to increase in severity, and the cough, instead of gradually subsiding as in an ordinary cold, becomes more troublesome and annoying, and is soon followed by the peculiar characteristic paroxysmal feature of the disease.

The typical paroxysm is attended by a number of short, harsh, explosive coughs, something like an ordinary bronchial cough, or one from irritation; these continue in such rapid succession that the child is unable to catch its breath between them, until it seems it will suffocate; the paroxysm lasts usually several seconds, the face becomes a deep red or purple, or almost black; the veins stand out prominently on the face and neck, the eyes become injected and suffused, the tongue protrudes, with saliva flowing from the mouth; finally with a prolonged effort a long-drawn inspiration follows through the narrowed and constricted glottic aperture, until the lungs are inflated; this is attended by a peculiar crowing sound, or whoop, that gives the disease its name, *whooping* cough. Another succession of rapid, violent coughs follow with the whoop, and thus continues until a thick, ropy mucous is finally dislodged, when the paroxysm, with relief from coughing, subsides—the child almost completely exhausted. In severe cases there may be four or five of these paroxysms before relief is obtained. The intervals of relief may vary in duration in different cases, depending somewhat on the age and strength of the child, as well as the severity of the invasion; the number of severe paroxysms will vary from a dozen to thirty or forty in a given twenty-four hours.

Spasms of coughing are usually excited and precipitated by drinking any thing very cold or hot, by a draught of air, cold bathing, crying, undue exertion, as well as exposure from becoming uncovered at night. Vomiting nearly always occurs during the coughing, unless the attack be unusually mild, nose-bleed also is a very frequent result of the straining and intensity of the paroxysm; there may likewise be involuntary escape of the contents of the bladder and bowels; bleeding from the ears and mouth may also result where the coughing spells are intense and protracted. In extreme cases there may be occasional hemorrhages from other parts, as hemoptysis, htematemesis, as well as sub-conjunctival, meningeal and cerebral. The disease is said to be most contagious during the height of the paroxysms; it may, however, be communicated, especially by direct contact, at

any time after the onset and development of the catarrhal symptoms. The child can apparently foretell the attack of coughing, and will usually hasten to the mother or nurse, or reach out for some object for support; holding it with the face and head downward, or allowing it to lie across one's knees on the stomach, will often allay somewhat the seeming irresistible inclination to cough, and the resistance and struggling the child makes against it.

The real element of danger in whooping cough may be attributed to the complications, the most common of which are bronchitis and pneumonia, during the winter season, and an enteritis and diarrhea following in the milder weather. Convulsions also are not of infrequent occurrence; disturbances of sight and hearing are occasionally encountered; albuminuria may follow in extreme cases. Most cases under the properly indicated treatment should recover; the prognosis is less favorable in the very young or delicate child. The disease as usually reported continues from 8 to 12 weeks, but when one recalls the treatment recommended in old school works, viz., quinine, belladonna and antipyrine, with the injunction that the antipyrine will be found more satisfactory than the other two agents, it is not to be wondered at; neither do we marvel at the 25 per cent. to 50 per cent. mortality following epidemics where such treatment is prescribed. The belladonna will often be indicated and is a good remedy when called for, but the other agents named it would seem to us have no place in the treatment of such diseases.

The prominent symptoms should be carefully studied and the indications met by prescribing the agents specifically called for; in this way the treatment is quite simple and usually resolves itself into the use of a half dozen specific medicines that are clearly demanded by the conditions present in each case. By this means there is no question but that the severity of the paroxysms are not only materially modified, but the duration of the attack considerably shortened as well.

Nitric acid will be found a reliable remedy in many instances, and should be selected in case of intensely red tongue and mucous membranes. Belladonna is often a good whooping cough remedy, but is only called for where the child is dull and stupid and inclined to sleep; the pupils are dilated and the patient seemingly disinterested in its surroundings. Drosera should be thought of when the cough is explosive and persistent, like that of measles. Gelsemium is the remedy for the spasmodic cough, flushed face, bright eyes, contracted pupils, a tendency to irritation of the nervous centers with determination of blood to the brain. Ipecac answers well in the event of vomiting, and gastro-intestinal irritation, evidenced by the elongated and pointed tongue, also in oppressed breathing, with the expulsive cough. Lobelia is frequently indicated, also aconite for its sedative action. Bromide of ammonium or sodium is the agent when there is a tendency to convulsions, spasmodic symptoms, or the epileptic subject. To allay the intensity of the paroxysms and to control the bron-

chial and laryngeal irritation nothing answers better than the nitrate of sanguinaria, one to four grains to  $\mathfrak{z}$ iv. of sweetened water, given in small teaspoonful doses every half to two or three hours according to the severity and frequency of the spells of coughing. R. C. W.

#### JUST A MINUTE.

The richest and most universal benefits to be derived from the Louisiana Purchase Exposition are educational and moral. Here in St. Louis this summer will be gathered representatives from all the nations of the earth. Each nation sends also of its best productions in art and industries. It brings to us its newest achievements in science and human invention—its latest discoveries, its triumphs of skill, its social problems and its efforts to solve them. All these and more go to make up the greatest exhibition the world ever saw, and perhaps the last for a quarter of a century to come.

The effect of this vast display of men and things upon those who come to look, and looking think, cannot be estimated. Here will be seen all things from all peoples which will be of the greatest interest and of incalculable educational value to all classes and avocations. It is a school the like of which the world has never seen, where noble lessons of human worth and work are to be learned; where a better appreciation of humanity at large will be had; where by comparison one may view the long weary stretch from savageism to civilization. No United States citizen can afford to stay away from this instructive feast prepared from the great storehouse of nature.

Briefly, in the Palace of Education and Social Economy may be seen, exhibits and formal displays of schools and colleges of the United States and many foreign governments. In these are included the technical, mechanical, agricultural, and art schools.

In the Palace of Fine Arts thirty-two galleries of the main building are given over to American painting and industrial art. Nineteen galleries are filled with French paintings, inlaid furniture, wrought metal, and other art work. Five large rooms contain a collection of carved gems, embroideries, enamel work, and wrought metal and prints from Japan, that are almost priceless. In this same building are exhibits from Belgium, Italy, Spain, Russia, Cuba, and the Argentine Republic, as are also those of Great Britain, Germany, Holland, Canada, Sweden and Australia. The art exhibit, more than any other, is designed to show the composite character of the American people and the results of European influence and culture.

In the Palace of Liberal Arts, European nations have made worthy exhibits of graphic arts, maps, medals and plans, books and book-making, public works and surveys, manufacture of paper, chemicals, mechanical and scientific instruments, optical goods, artificial textiles, photography, photo-engraving, medals, coins and seals. In the British section, the working laboratory for the liquefaction and solidification of hydrogen and the separation of velium, the phosphores-

cent luminosity of radium, the production of electric crystals may be seen. Japan has a newspaper office in operation.

In the Palace of Electricity are to be seen, machines in operation for the generation and use of electricity, dynamos and motors, motor-generators, rotary converters, transformers, rheostats and regulators of every form which are so arranged and so connected as to demonstrate their various functions. Here may be seen wireless telegraph and telephone exhibits, and the largest wireless telegraph station ever erected. One may enter the court of the building and no sound will be heard other than those incident to visitors passing to and fro. If a receiver without wires or external connection be held to the ear the sounds of music or speaking, foreign to the surroundings, can be distinctly heard. The place seems to be an enchanted court with a telephone receiver as the key. Practical demonstrations are shown also in electro-therapeutics, electro-magnetism, electro-chemistry, electric lighting, heating and cooking. Here also may be seen the latest achievement of the wizard Edison, the storage battery designed especially for automobile use, combining light weight with high discharge rates. In fact everything in the electric line.

The power, lighting and pumping plant in the Palace of Machinery, the third largest plant in the world with its engines and generators represent the best engineering ability of America, France and Germany. Here also, are exhibited machine tools and wood-working machinery. Here may be seen a hydraulic press, built by the Krupp Works in Essen, Germany. This press exerts the enormous pressure of ninety thousand pounds to the square inch. It is constructed for the purpose of embossing metals. The total value of the exhibits in the Palace of Machinery exceeds eight million dollars.

The exhibits in the Palace of Transportation show the most advanced practice of today in railway building, equipment, maintenance, operation and management, as well as the history of the railway as developed during the less than a century of its existence in all parts of the world. Other features cover the electric railway, launches, automobiles, motor vehicles etc.

In the Palace of Mines and Metallurgy, all the stages of mining and manufacture of mine products into articles of commercial value and public utility are shown. The extent and development of mineral resources, collections of geology, mineralogy, crystallography, paleontology, ornamental and building stone, machinery for quarrying, handling and cutting stone; gems and precious stones; oils and the process of handling oils; maps, charts, photographs, etc., of geological and topographical features of mining are shown.

The exhibits in the Palace of Agriculture cover all the products of the soil, together with the tools, implements, methods of cultivation, harvesting, irrigation, drainage and by-products of the manufactured forms of these products, their preparation, preservation, including



everything edible and drinkable which comes from the soil and enters into the home life and commerce of the people of the world.

I have mentioned less than half the large exhibit buildings and none of the foreign and state buildings, all of which have their attractions and their lessons to teach those who seek information. I have not the space to write of a fraction.

After one has studied the useful and the serious, a trip down the "Pike" will relieve the monotony. Here we may see Cow-boys Shooting up a Western Town, or the Marionette Bull fights as seen in Madrid. Or, belonging to the tribe of Nimrod, we may go hunting in the Ozarks of Missouri. If one's soul is made glad by the circus he can enter the Animal Paradise. If the United States is not big enough he can take a trip to Asia, and enjoy the wonders of India, Burmah, Persia, and Ceylon. If one be a Jew, it is not far to that ancient city of his race, Jerusalem. Being somewhat of a lady's man, he can be entertained by the forty Geisha girls at a tea party. If he is inclined to the mystic he can lay aside for a time that which is mortal and entering the Hereafter, gaze enraptured upon Two Worlds. If one would get gay for a spell, let him visit Paris, the gay center of fashion and amusement.

Passing again to the serious, one may be carried back to Creation's Morn, where he can view with his mind's eye the beginning of time. He may awake, if he likes, in the Ancient Egyptian City of Cairo. Or wishing to visit and inspect the oldest civilization of modern times, he may enter the joss houses and temples of Mongolia. It is but a step from the village of China to Constantinople, and if one feels too keenly the heat of the summer's sun he is soon transported to the frozen north where Esquimaux and Laplanders give one a chill and make him wish he had thrown a top coat over his arm when starting out in the morning. If staid and sedate he may take a boat ride in the magic whirlpool or climb the perpendicular ascent to the home of the cliff dwellers, and become somewhat dizzy. If he is a bit belligerent, he may seek satisfaction in the cycloramic reproduction of the battle history of America, or view in the Naval Exhibit a modern sea fight. If inclined to dose he may spend a half hour on the old plantation of antebellum days. If interested in the raising of babies he can study the subject from the standpoint of the incubator. If one has been of the opinion that man is the only animal possessing a mind and soul, let him look on Beautiful Jim, the most highly educated horse in the world, and wonder if man really has all the sense in the world.

I have enumerated only a few of the many things one can see when visiting the World's Fair, and to the doctor who reads this let me say that he should make arrangements to come and see for himself; and the best time to come is when the Eclectic Medical Association meets in St. Louis, June 14. By coming at that time he can meet his brother physicians, join the National and see the Fair all at once.

A. F. STEPHENS, M. D.

## CHOLERA INFANTUM.

The season of the year now comes upon us when the babies have a serious time of it. The great heat and the poor food combine in their destruction. However, the ravage of summer diseases is much less than some time back. Some fifteen or twenty years ago it was no uncommon thing for a physician in this city in general business to have under treatment at one time from six to ten or twelve cases of summer complaint or cholera infantum. For the past few years it has not been so prevalent, the number of cases being very few, when compared with the time above referred to. Last year we heard a prominent undertaker, who has a large business in a practically unopposed territory, say that he had not buried *one* cholera infantum case. This seemed remarkable to us and we asked him how he accounted for this state of affairs. Well, said he, people know better how to care for and to feed babies than they once did. Then, again, he said the doctors have learned a few things as well. They don't give the harsh medicines they once did. Why, says he, I believe some doctors give very little medicine now, they depend largely upon a mild physic. In our opinion much good sense and reason lie back of the mild physic. Soon after we began practice the mother of some eight or ten children, all living, and who was yet having babies, said to me one day, "I am not afraid of cholera infantum; give me castor oil and paregoric and I'll have no very sick babies from summer diarrhea." We said, how do you use them? She replied, "Upon the first sign of a bad stomach I give a dose of castor oil. And if it gets worse, and starts with bad smelling, ill-looking stools, the oil is repeated every six hours until the stools change for the better, when the oil is stopped. Then if diarrhea continues for the next day or two, check it with the paregoric, and I always stop the griping pain with this drug." To us this was a lecture upon a common sense basis, and since then our mothers of babies are always given the rule, and it is not to be evaded: "When the baby's stomach is sour, or the stools look bad or smell bad, give it a dose of oil every six hours until the stools change to normal appearance and odor." This removes fermentation and the cause of irritation. At the same time the instructions are to give water as desired, but to withhold food until the digestive tract braces up. Besides this, the mothers have general instructions at various times as to how to feed the baby. They are warned against stale fruits and vegetables, against a soured mother's milk and various other things in the way of food—in a common sense way. No fads or patent foods, or foolishness enters or governs the welfare of our babies.

When it comes to a visit, we always prescribe for the baby as we do for papa or mamma—the indicated remedy. Sometimes it is specific nux vomica when the mucous membranes are pale, the skin sallow, umbilical pain, broad tongue, etc. Colocynth in minute doses

is a favorite when stools are watery, gushy, preceded by cramping or colicky pains. The dose of specific medicine must be small. To adults we give less than one-thirtieth of a drop; to the baby a fifth or a tenth of the one-thirtieth is plenty. It is a drastic drug and the baby should have but little of it. Small doses of ipecac are given when the tongue is narrow, pointed with red tip and edges—podophyllin, the second decimal trituration, when the tongue is broad, heavily coated at the base. Give the baby podophyllin when there is irritation, pinched tissues, and see what a reaction you will cause. Full tissues—podophyllin. It matters not whether the chief trouble be diarrhea or emesis. These are the remedies when the named conditions prevail.

Besides bowel complications, nervous upheavals are to be met. The child cries and worries and frets, will not sleep. Give it bromides, chloral, the opiates? Yes, if you do not care whether or not a funeral follows. There are better drugs than these; if you do not know them read up carefully in eclectic literature, chamomile, rhus tox., gelsemium, amygdalus, hyoscyamus, lobelia, and a dozen others we could name. These drugs are each a power in the hands of the doctor who knows how to use them in overcoming the nervous complications that kill so many children with summer complaint. Used properly and sufficiently early and intelligently, and your bad cases will be few, and your funerals fewer.

We would be glad to describe the conditions calling for each of the drugs named, but space forbids. In chamomile, however (or *matri-caria* as the specific medicine is labeled), we have a host. Until we began to practice among the Germans in the "Over-the-Rhine" district of this city we had slight knowledge of what could be done with the plain chamomile tea upon which so many of them fed their little "Deutchers" for any and all ills. A few years observation with *teas* and their uses by intelligent and careful mothers must add millions to one's faith in medicine. No medical nihilist can live in the aura of faith that surrounds the use and prescription of the simplest remedial agents as used by mothers.

W. E. B.

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#### THE FRIENDS WE HAVE HELPED.

Occasionally we hear an Eclectic physician lament that so little credit is given our people for the services we have done in the evolution of an invaluable American *Materia Medica*. That too, notwithstanding that for seventy-five years we have persistently investigated, studied, experimented in our chosen field, and have given our results to the world of medicine. The object lesson of it all is not an exception to human methods. It is true that men who use these remedies and are indebted to us for that opportunity too often fail in recognizing our services. But should we not expect this? do we not find that this thing of ingratitude is one of the most common traits of human

nature? Said a man, when told that another man had abused him, had vilified him, "I cannot understand why he should have done this. I do not remember to have ever done him any great service. I have not helped him in any way that I can recall." Strange is it not that this man who was experienced in human nature, should not have said, "I do not remember to have *injured* that man." But, if you will study human nature, it will too often be seen that deep philosophy lies in the problem presented. Too often, when a man abuses another, we need look for an explanation in what the other man has done for him—not what he has done against him. To an extent this rule applies to those who sometimes abuse the Eclectic school. Look, not for the wrong, but for the good we have shown the man who speaks unkindly. Then pass the matter.

And yet, as the softening influence of the years falls upon us, it is plainly to be seen that well balanced individuals usually grow more kindly in spirit. Occasionally, a man carries hatred and soreness to the edge of the grave; sometimes the heart grows yet colder, and the ego becomes increasingly vicious, but more often, as the rivalry of life wears out the declining years bring mellowness of disposition. And so as the years pass, with sects, those who were once antagonistic come first to tolerate, and next to even admire the very spirit of their past antagonisms which in younger days made them rivals. This spirit of toleration I now see uplifting in many directions over the field that covers the rival schools in medicine. True it is that much bigotry yet exists, much calumny is indulged by certain individuals, and yet, never before as is now the case has, the writer known so kindly a feeling in the home of our powerful rivals who begin to appreciate that our resistance to methods prevalent in the past was fair and manly, that our work was a good one, and is very useful to humanity. And when a talented man of the school that once thought we were all quacks and charlatans speaks in the spirit of the days of old, I feel that perhaps his eyes are open to the good we as a school have done, but that he is carrying his personalities to the grave as does the man who teaches himself first to hate a friend and then hardens his heart in hatred until at last his feet totter and his mind fails.

J. U. L.

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#### THE NATIONAL.

In two weeks the thirty-fourth annual convention of The National Eclectic Medical Association will convene in St. Louis. The prospects, at this time, are bright for the largest gathering of Eclectics ever convened. Over 200 rooms were taken three weeks ago and applications coming in daily. Now doctor, if you have not already made arrangements for attending the meeting, begin to do so at once, for you can't afford to miss the Love Feast. Let every Eclectic have some part in making Eclectic Day at the World's Fair, June 16, a grand success, but above all go to the National for the purpose of

advancing the great cause of Eclecticism. The future never looked so promising for our school, nor were the opportunities ever so great for advancement. With the mortality increasing in the two most common diseases of our country, pneumonia and typhoid fever, the eyes of the medical world are turning to the remedies and methods of our system of practice. Don't say you can't afford to go this year for you can't afford to stay at home; you must have some part in the great forward movement of Eclecticism. If you ever felt discouraged because Eclectics were not represented in the various appointments of City, State and Nation, cheer up. Our men are now serving on more than 31 State Medical Boards, on various Health Boards all over the Union, are examiners for various life insurance companies and several of our doctors held surgeons' commissions in the Spanish American war. We have gradually, by good work, come to the front, and it only remains for us, by a united, enthusiastic and solid working force, to take our place in the front ranks of the profession. This, doctor, you can assist in bringing to pass, by attending your State and National meetings.

**THE DATE AND PLACE OF MEETING.**—Don't forget the date of the meeting, June 14 to 18, 1904, at St. Louis, Mo.

**HEAD QUARTERS.**—We have engaged 250 rooms at Hotel Epworth at \$1.00 per day, two persons to a room, separate beds if desired. There is a dining room on the ground floor where meals will be served a la carte, prices guaranteed reasonable. The hotel is located three blocks north of the Fair grounds on the corner of Melville and Rosedale Place.

**HALF-DAY SESSIONS.**—The Association will convene morning and afternoon of the first day, Tuesday, but the remaining days of the week, will adjourn at noon, thus giving every one an opportunity to visit the Fair both afternoon and evening.

**SECTION WORK.**—Section work has been divided into three departments, Medicine, Surgery and Specialties, and it is the intention to carry on the three departments at the same time.

The City Society and the Missouri State Eclectic Society will give a reception to the members of the Association Tuesday evening.

Again we invite you to be present, not only that you may have a royal good time, enjoy the Association, but that you may have the satisfaction of helping to advance the great cause of Eclecticism.

FINLEY ELLINGWOOD, M.D., Sec'y.

R. L. THOMAS, Pres't.

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## EVOLUTION OF MEDICINE.

The theory of evolution is now generally accepted, not only as regards life, but mentality as well. It is also true in medicine. In the earlier days of medicine many drugs were employed in a crude state which today are attracting the most searching and profound study. The pharmacy of today has elaborated and idealized the primitive

methods, and instead of the plain and crude preparations, we now have elegant drugs and names.

That there are similarities is true, but we still show our natural proclivities and also the evolution of our noble art, by reverting to the early days of medical lore. A few examples will show this to be true:

"Testiculus, the testicles of a stag." This sovereign remedy was recommended for the bites of vipers. At the present day we all know the value of this remedy obtained from other sources, for a very different condition.

"Sanguis, blood, that of swine is liquid and less hot being very like the human in temperament." Observe carefully the discernment of the ancient physicians. These men had evolved the therapy of blood to a point which our present day observers have failed to reach. "The blood of bats is a preservative to the breasts of virgins." See the nice distinction in this case.

"Cerebrum, brain." This substance appears to have been used for nervous affections, epilepsy, etc., but care in the selection of the proper kind of brains was necessary.

"Hepar, the liver; that of the wolf is added to the hepatic medicine prepared from eupatorium."

"Castorium, castor. In affections of the brain and lungs it is a very efficacious remedy."

Capita, heads; those of pickled herrings, when burnt, acquire a desiccative power without being very acrid. They therefore relieve fissures about the anus." It is rather difficult to trace the course of reasoning in this case, but probably it was assumed that this location was nearest the seat of intellect in the average individual.

"Medulla, marrow; it is possessed of the property of softening indurated and scirrhus bodies."

"Pulmo, lungs." When properly prepared, the lungs of foxes was esteemed for the cure of asthmatics.

"Fel, bile, or gall." This was used for various affections, but much care was exercised to procure the drug from the proper animal or bird according to the nature of the disease.

"Ovum, An Egg." Under this heading appears to be a sarcastic remark to the effect that "new eggs are to be preferred to old, and those of hens to the eggs of other animals."

Many other examples of the ancient materia medica could be given, but space cannot be taken for the purpose. These few examples, however, will show how evolution is applied to medicine. Not only are nearly all the glands and many of the secretions used at the present day, but differentiation of the part of a gland or organ, as the suprarenal capsule, retina, etc., are being made. Truly this is an age of advancement and we are not prepared for what the morrow will bring forth.

K. O. F.

**MELILOTUS.**

This is a remedy that is not in common use so far as we know, and yet, in our opinion, it is a good one. The specific label says "In the treatment of neuralgia, especially when associated with debility; also in colic, painful diarrhea, dysuria with painful desire to urinate; in dysmenorrhea associated with lameness of hips and along the course of the sciatic nerve, and in some cases of rheumatism where such lameness is a marked feature." The dose is from one to ten drops, every two to four hours. We have been using it recently to quite an extent, and as far as we are able to discern the watchword to its administration is *atony*. In one case, a woman with prolapsus of the womb, for which she had worn a stem pessary for several years and a vesicocele of no mean size, and a rectocele of equal, or greater prominence, came complaining of a tantalizing desire to urinate, with burning and tenesmus, and the heaviness and weight in limbs and back, together with the dozens of other direct and indirect or reflex symptoms so common in genito-urinary troubles of women.

An examination revealed the troubles as stated above. Visually the parts at the outlet were very pale and anemic—bloodless. The discharge, while not so profuse, was nasty, sticky, dirty. Hot douches were directed, with borax as a cleanser. Internally she was given melilotus in 5 drop doses 4 times a day, and while nothing short of extensive operations will cure her, we were surprised at the effects of the melilotus upon the nervous system. It promoted sleep, relieved her despondency and overcome much of the heaviness and distress that made her life miserable. As is frequently the case, after two or three weeks taking of the drug, it seemed to lose its effect, and although the dose was increased satisfaction did not reign supreme. Helonias was substituted for a week, then fraxinus Americanus was taken awhile, and then we returned to the melilotus, and the same happy results followed as when it was first taken. We are positive from several repetitions of such 'provings' that the drug deserves study.

W. E. B.

**JUNE MEETINGS.**

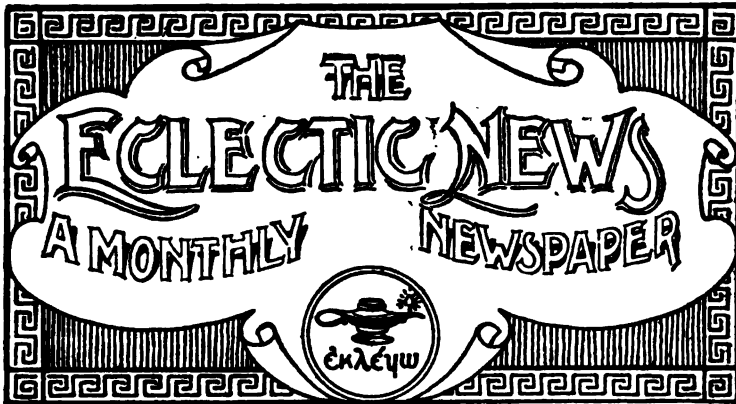
National E. M. Association, at Hotel Edworth, St. Louis, June 13 to 18.—Dr. R. L. Thomas, President, 792 E. McMillen street, Cincinnati, O.; F. Ellingwood, Secretary, 100 State street, Chicago, Ills.

Massachusetts, at Boston, June 3 and 4.—A. L. Pattee, M D., Secretary, Falmouth.

Missouri, at St. Louis, June 13 and 14.—Dr. H. H. Helbing, 4235 West Belle Place, St. Louis.

New England, at Thorndyke, Boston, June 2 and 3.

FOR SALE.—House for consumptive. Good adobe house, almost new, with large open fire place. Price, \$300. One day's stage drive north of Tucson, Arizona, in the Catalina mountains. Altitude 4,500 feet, granite soil, no dust, humidity almost nil. For particulars, address J. W. Estill, postmaster, Oracle, Arizona.



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## BOOK NOTICES.

**VON BERGMANN'S SURGERY.** A System of Practical Surgery. By Dr. E. Von Bergmann, of Berlin, and others. To be complete in five imperial octavo volumes, containing 4000 pages, 1600 engravings and 110 full-page plates in colors and monochrome. Sold by subscription only. Per volume, cloth, \$6.00. Lea Bros. & Co., Phila. Pa.

The second volume of Von Bergmann's System of Practical Surgery has just been issued from the press; and as it is a review of a revised edition, ripened by the experience of the best European and American surgeons, it places in the library the second volume of a great surgical work, reflecting the latest knowledge of the masters of surgery in the old and the new worlds. This volume continues on regional surgery, in which the neck, thorax and spinal column receive proper attention and elucidation by many photo-engravings, cuts and illustrations. We commend the work as the latest and best extant.

L. E. R.

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**MUSSEY'S MEDICAL DIAGNOSIS.** New (5th) edition. By J. H. Mussey, M.D. Octavo, 1213 pages, with 395 engravings and 63 colored plates. Cloth, \$6.50. Lea Brothers & Co., Publishers, Philadelphia.

This volume embodies a most thorough revision, embracing not only every detail of the text, but also a fundamental rearrangement, planned with the object of explaining the subject in the most logical and natural sequence, and facilitating thereby its comprehension. Illustrations have been improved and the number greatly increased.

The original purpose of this work was to make it an exponent of objective medicine, to make it a help to acquiring precision in diagnosis. The experience of the author; the demand of the times; the growth of bacteriological and other sciences incident to medicine de-



manded an enlargement, and in this edition we have it. The entire work is divided to accord with the natural employment of the methods. Hence, we have in sequence, historical diagnosis, subjective diagnosis, objective diagnosis, physical diagnosis and laboratory diagnosis exhaustively applied to every organ and part of the body. A tabulated scheme of diagnosis is suggested, so that no important data may be forgotten or overlooked. To us, the work seems the most complete, the best we ever saw, from any point of view we may take. Everything in diagnosis can be found in it. It is a work that every practitioner and student will find of immense service. It has no equal known to us.

W. E. B.

**MANUAL OF MATERIA MEDICA AND PHARMACY.** Specially designed for the use of Practitioners and Medical, Pharmaceutical, Dental and Veterinary Students. By E. S. Muir, Ph. G. Octavo, 192 pages. Cloth, \$2.00 net. F. A. Davis Co., Pub., Philadelphia, Pa.

Part I of this work consists of a synopsis of botany with which a medical student should familiarize himself. In Part II, the individual drugs are considered, and only those essential points are noted, all superfluous matter being eliminated. Part III is devoted to pharmacy and through it the student familiarizes himself with processes and preparations common to medicine. The book is anything but verbose, yet it contains the spinal column as it were of the subject. The fact that the third edition is called for, proves its approval by the profession.

W. E. B.

**L'ENTERO-COLITE MUCO-MEMBRANEUSE.** Par Le Dr. Froussard. A. Maloine, Editeur, Rue de l'Ecole-de-Medecine, Paris, VI., 1904.

In this little book of about 100 pages is given quite fully the causes, symptoms, diagnosis and treatment, as well as the complications which may arise during an attack of inflammatory diarrhea. A great deal of stress is laid upon hygiene, both general and alimentary. Among the drugs employed the valerianate of ammonium is a drug little used of late years in this country. Chloral, belladonna, opium, etc., are familiar remedies. The little volume is instructive. K. O. F.

#### Advance Notices.

W. B. Saunders & Co., Philadelphia, announce the following:

**NOTHNAGEL'S PRACTICE OF MEDICINE.** Tuberculosis and acute general miliary tuberculosis. By Dr. G. Cornet, of Berlin. Octavo of 806 pages. Cloth, \$5.00.

**DISEASES OF THE INTESTINES AND PERITONEUM.** By Dr. Hermann Nothnagel, of Vienna. Octavo of 1032 pages, containing 20 insert plates. Cloth, \$5.00 net.

**EPILEPSY AND ITS TREATMENT.** By Wm. P. Spratling, M.D. Octavo, 528 pages, illustrated.

**A TEXT BOOK OF PATHOLOGY.** By Jos. McFarland, M.D., 800 pages, illustrated, including a number in colors.

## Collinsonia Canadensis.

For some affections of the throat, Collinsonia is certainly a specific. It is such in so-called "minister's sore throat," or the laryngitis due to an over use of the speech organs. It is also efficient in chronic laryngitis, with change of voice, and in chronic bronchitis, when there is *irritation, congestion, and sense of constriction*. When these symptoms are present, Collinsonia has no superior as a remedy in certain forms of relaxed uvula, in pharyngitis, in hoarseness, in croup, and in whooping cough, as well as in ordinary cough of nervous origin. For these various uses it is administered in fair sized doses, as

- R. Specific Collinsonia, - - - - - f  $\frac{3}{4}$  j.  
 Simple syrup, - - - - - q. s. ad f  $\frac{3}{4}$  iv.  
 M. Sig. Teaspoonful four or five times a day.

For its general tonic effect upon the digestive tract, Collinsonia is a remedy of no mean value in functional gastric troubles, atonic dyspepsia, constipation, anemia, chlorosis etc. However, next to its specific action in throat affections, we desire to suggest the use of Collinsonia in rectal diseases, and in troubles about the anal outlet. As an internal medicament in the treatment of hemorrhoids, Collinsonia has no equal, if the cases be well chosen. There is *irritation, constriction, congestion*, a feeling as though a foreign body of no small size were lodged within the bowel. There is heat, burning, and perhaps hemorrhage. It is also very efficient as an internal remedy in the relief of the disturbances due to rectal pockets, papillæ, ulcers, spasmodic stricture, etc. It is not surpassed by any remedy in these troubles, unless it be by operative measures. The latter are more speedy, but hardly more certain. The same is true of Collinsonia in certain cases of spasmodic contraction of the sphincter ani, and in general prostatitis.

As adjunct remedies to be used in combination or in alternation with Collinsonia, we should consider specific ipecac, powdered rhubarb, and either the second or third decimal trituration of sulphur, or the second trituration of podophyllin. Collinsonia should not be forgotten in reflex troubles due to rectal irritation. In this line we mention reflex cough, asthma, chorea, headache of a dull, frontal variety, and reflex cardiac affections. It is frequently a remedy in dysentery, and in cholera infantum, when there is much tenesmus, with *irritation, constriction and congestion*.

Collinsonia is highly recommended in certain functional urinary troubles, when the symptoms calling for it are prominent. It allays the irritation and gives speedy relief. Many times it is the remedy in incontinence of urine, in urethral or vesical hyperesthesia, and for minor gonorrheal disturbances. Because of this action it has been suggested as a remedy in gravel, calculus, in dropsy, and in varicocele. It is also a remedy for hemorrhoids, swollen genitals, pruritus vulva and ani of the pregnant female. By some it is recommended in certain cases of dysmenorrhea, amenorrhea, leucorrhea, prolapsus, etc.

The symptoms—*irritation, congestion, and constriction*—presenting in any case of whatever name or nature, call for Collinsonia. For use in rectal, anal, and genito-urinary diseases, the dose does not need to be as large as recommended above. Ten drops of the Specific Medicine to four ounces of water, and a teaspoonful of the mixture every hour or two, is sufficient for most purposes in these lines. Larger doses, however, are not followed by deleterious effects. Remember, that when *irritation, congestion, and constriction* are present, Collinsonia is the remedy, call the disease what you may.—*Editorial from the Eclectic Medical Journal.*

The above editorial concerns one of the most important Eclectic remedies. It is the subject of our sixteen-page descriptive Drug Study No. VII, which will be mailed free on application.—*Lloyd Brothers, Cincinnati, Ohio.*

**ECHAFOLTA. (The Best Remedy for Blood Depravation.)**

This is the choicest of all preparations of Echinacea, and has the following history: In 1887 we introduced Echinacea in the form of a tincture. We did this years before any other pharmacist knew of the drug.

As does all percolates of this drug, and all colored preparations of it, the tincture contains impurities which disturb its action and lessen its value. This we early discovered, for crude Echinacea root is a very impure drug. It contains much plant dirt, much sugar, much glucose, much inert coloring matter. These go into ordinary preparations of Echinacea. In surgical cases such impurities of Echinacea may be serious. Coloring matters, organic ferments, and glucose are inadmissible. No colored preparation of Echinacea should be applied to a wound or used internally.

We experimented to overcome these imperfections, and finally discovered how to do so. This was accomplished years ago. The perfected preparation we named Echafolta.

Echafolta is the only perfect representative of Echinacea. It is the preparation that broadly established the value of Echinacea. This we can say by authority, for we introduced both Echinacea and Echafolta, and on our preparations the value of this drug was established.

Whoever has a bottle of Echafolta may accept that whatever is possible of any preparation of the drug Echinacea is at his command.

Echafolta contains no water, no glucose, no sugar, no tannates, no inorganic salts, no albumen, no gum, no coloring matters, no organic germs or organic ferments. Echafolta is clean, but yet is complex. It is a complete representative of the drug Echinacea carrying its full drug value.

The uses and dose of Echafolta are given in full on each label. It is a marvelous remedy—the most popular of all remedies in diseases that involve blood depravation. It is a corrector of blood dyscrasia, non-poisonous, and has advantages over all other medicaments for this purpose. Its field of usefulness is already great, and yet, is not fully developed. To all this the medical profession attests. Physicians using Echafolta commend it to their professional friends who in turn praise it to others. Thus the reputation of this choice remedy, now the standard for sepsis, was established before the crude drug from which it is made was known to commerce.

In our recent pamphlet on Libradol, a remedy that relieves pain by local application, mention is made of Echafolta. This brings to us a great number of inquiring letters, inasmuch as the field of Echafolta is one of the most important confronting physicians. In response to these requests the present treatise is prepared, the object being to extend information concerning Echafolta and its uses. Let us repeat that we make no family medicines, secret mixtures, or self-cures for the people, our preparations being prescribed by physicians and obtained through their druggists. To plant preparations, our specialty, we have for years devoted persistent study, and our products are representative. Let us hope that Echafolta, a remedy as invaluable in its field as is Libradol in its own, may prove as useful to physicians who are now unacquainted with that preparation as is Libradol to those using that effective remedy for pain.

Echafolta is carried in stock by every jobbing druggist in America. It is to be obtained in original vials at the following prices: Four ounce, 55 cents; eight ounce, \$1.00; sixteen ounce, \$2.00. Should the remedy not be at command of a physician desiring it, we will mail a four-ounce bottle on receipt of 77 cents. As has been said, each bottle is accompanied by detail uses and doses.

LLOYD BROTHERS, CINCINNATI, OHIO.

- THE VERMIFORM APPENDIX AND ITS DISEASES.** By Howard A. Kelley, M.D. Octavo of about 800 pages, illustrated.
- CLINICAL DIAGNOSIS.** By L. Napoleon Boston, M.D. 525 pages, 200 illustrations, including 25 colored plates.
- A HAND-BOOK OF SURGERY.** By Frederic R. Griffith, M.D.; 12mo of about 450 pages, with 300 illustrations. Bound in flexible leather.
- DISEASES OF THE LIVER.** By Humphrey D. Rolleston, M.D. Octavo, 1000 pages, illustrated.
- A TEXT-BOOK OF LEGAL MEDICINE.** By F. W. Draper, M.D., 600 pages, illustrated.
- A TEXT-BOOK OF MATERIA MEDICA.** Including Laboratory Exercises in the Histologic and Chemie Examination of Drugs. By R. A. Hatcher, M.D., 12mo., 300 pages, illustrated. Flexible leather.
- EXAMINATION OF THE URINE.** By G. A. de Santos Saxe. 12mo, 300 pages, illustrated. Flexible leather.
- A TEXT-BOOK OF OPERATIVE SURGERY.** Covering the Surgical Anatomy and Operative Technic involved in the Operations of General Surgery. By W. S. Bickham, M.D. Second edition revised. Octavo, 1000 pages, with 559 beautiful illustrations, nearly all original. Cloth, \$6 net.
- THE PRACTICAL APPLICATION OF THE ROENTGEN RAYS IN THERAPEUTICS AND DIAGNOSIS.** By W. A. Pusey, M.D., and W. Caldwell, B. S. Second edition, revised and enlarged. Octavo, 625 pages, 200 illustrations, some in colors.
- A TEXT-BOOK OF MECHANOTHERAPY (MASSAGE AND MEDICAL GYMNASICS.)** By A. V. Craftstrom, M.D. Second edition greatly enlarged and entirely reset. 12mo, of 200 pages, illustrated.
- MATERIA MEDICA FOR NURSES.** By Emily A. M. Stoney. Second edition, revised and enlarged. 12mo volume of 325 pages.
- OBSTETRICS AND GYNECOLOGIC NURSING.** By E. P. Davis, M.D. Second edition, revised and enlarged. 12mo, of 400 pages, illustrated. Buckram.
- 
- A REFERENCE HANDBOOK OF THE MEDICAL SCIENCES.** Embracing entire range of Scientific and Practical Medicine and Allied Science, by various writers. Edited by Albert H. Buck, M. D. Cloth, per volume, \$7 00. Wm. Wood & Co., publishers, New York City. Subscription only. Volume IV.

Each succeeding volume only serves to increase the value of this magnificent work. It is profusely illustrated by chromolithographs and half-tone and wood engravings, adding greatly to its value. The Eye, by Dr. Frank Van Fleet, of New York, will be of peculiar interest to all who are paying special attention to that kind of work. The illustrations are true to life and the subject matter equally good. The surgeon will find Dr. Louis A. Garde's article on gun-shot wounds not only intensely interesting but profitable reading. Germicides are treated by Dr. George Sternberg and is therefore up to date on this very important subject. Dr. George Gray Ward, jr., has an article on gynecological examinations that is worth the price of the volume to all who aspire to that particular branch. We might cite numerous other articles that teem with good things but must forbear. The work can not be valued in dollars and cents. B. L. T.

**THE MAN WHO PLEASES AND THE WOMAN WHO CHARMS.** By John A. Cone, 181 pages. Hinds & Noble, Publishers. New York. Price, cloth, 75 cents.

This book is not only interesting, but imparts most valuable information; it is a book to be studied as well as read; a volume of wisdom, philosophy, and information. This book is full of helpful hints, very clearly presented that are of inestimable value to all who desire to cultivate the social graces.

It is with pleasure we welcome "Medical Jurisprudence", one of The Medical Epitome Series, by Edwin Welles Dwight, M.D., edited by V. C. Pedersen, A. M., M.D., published by Lea Brothers & Company, Philadelphia and New York. This little book contains practically all that is necessary on the question of Medical Jurisprudence for the medical student or the average medical practitioner. If every physician were to thoroughly familiarize himself with the contents of this book it would greatly assist the legal forum in arriving at the truth and would also be of greatest aid to the medical expert witness.

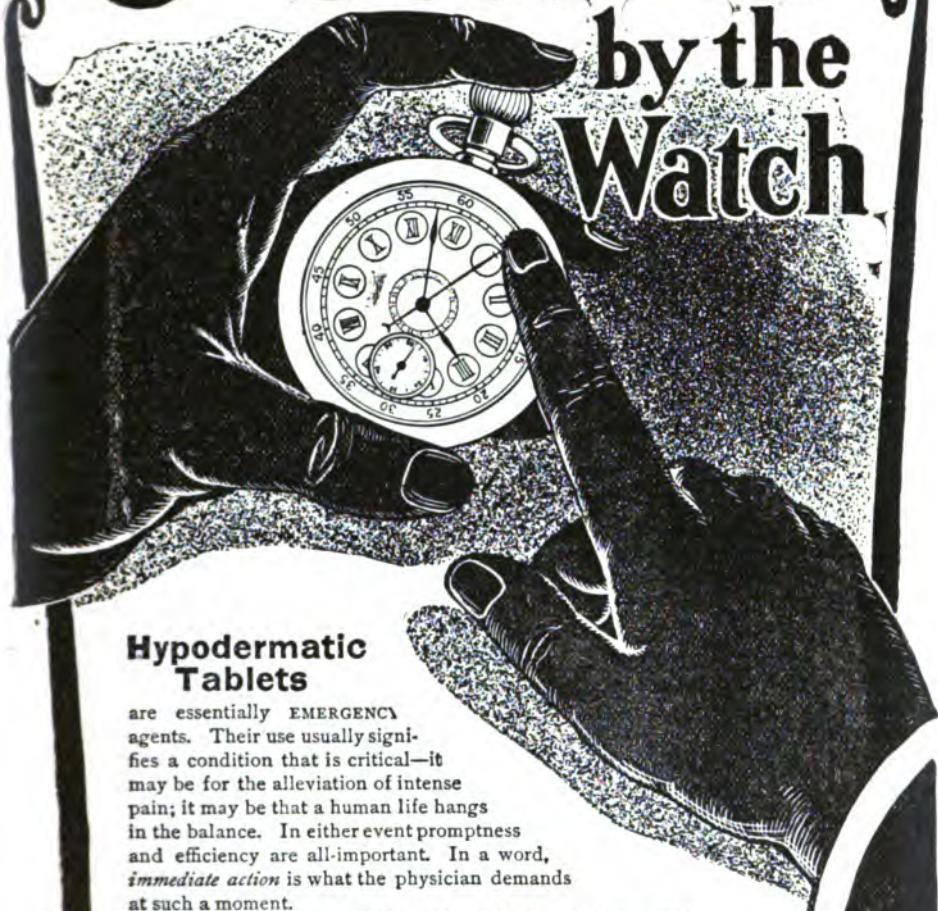
## COLLEGE AND SOCIETY NOTICES.

### OKLAHOMA—KANSAS!

"Oklahoma," to one who has heard the name and is alive to its historical record, brings to mind a new country, a thought of something immature. The day when men and women too, were lined up ready for a grand rush into its swelling prairies, seems but as yesterday. Less than fifteen years ago was the "opening" but to-day, the fields of grain, the many homes, that dot the landscape, the solid cities, the evidences of thrift and prosperity that abound on every hand astound the traveler who goes into "Oklahoma" with the idea that he is to meet a newness that partakes of border life. But let this all pass, the object of these words is the meeting of the Eclectic Medical Association of Oklahoma, 1904, not the territory.

Promptly at the hour set, the society convened in Oklahoma City, May 3, and it was truly a meeting of the society. More than half the membership was present, all the officers, and the announced visiting members. Holding the business down to program, the details were carried through with an exactness that was refreshing. The papers were good ones, the discussion animated, the addresses useful and entertaining. The spirit of Eclecticism prevailed as it should be when gentlemen of principle meet to serve their cause and advocate their principles. One of the marked innovations was the fact that members of the Homeopathic and Regular schools were invited to be present and participate in the discussions, an invitation that a goodly number accepted. And when it is said that these gentlemen were surprised, and pleasantly surprised, at the manner in which disease

# 5 Seconds by the Watch



## Hypodermatic Tablets

are essentially EMERGENCY agents. Their use usually signifies a condition that is critical—it may be for the alleviation of intense pain; it may be that a human life hangs in the balance. In either event promptness and efficiency are all-important. In a word, *immediate action* is what the physician demands at such a moment.

**Quick and complete solubility** must characterize the tablet which meets this requirement. Flying to pieces when thrown into water is not sufficient. Many hypodermatic tablets do that, their undissolved particles settling to the bottom. *Mere disintegration!*

Ours *dissolve completely*—in five seconds. Drop one of them into a syringe half filled with lukewarm water, shake vigorously, and note results. *Try it!*

Parke, Davis & Co.'s Hypodermatic Tablets can always be relied upon in an emergency. Prompt, efficient action follows their administration. There is never delay, never uncertainty. Always specify them when ordering.

## PARKE, DAVIS & COMPANY

LABORATORIES: Detroit, Mich., U. S. A.; Walkerville, Ont.; Hounslow, Eng.  
BRANCHES: New York, Chicago, St. Louis, Boston, Baltimore, New Orleans, Kansas City, Indianapolis, Minneapolis, Memphis, London, Eng.; Montreal, Que.; Sydney, N. S. W.;  
St. Petersburg, Russia; Simla, India; Tokio, Japan.

# **A VALUABLE REMEDY**

in conditions attended with  
malnutrition, general debility and  
nervous exhaustion is

## **GRAY'S** Glycerine **TONIC** Comp.

Its reputation is based  
upon twenty years' successes  
in cases unbenefited by  
other treatment.

THE PURDUE FREDERICK CO.,

No. 15 Murray Street, New York.

## **The Shepard-McMillen Sanitaria** **NEAR COLUMBUS, O.**

### **The Shepard Sanitarium** **For Chronic and Nervous Diseases.**

W. E. POSTLE, M. D., Supt.

Address, Shepard, Ohio.

TELEPHONE 389.

We shall continue Dr. Shepard's methods of massage and rest so successfully used by him here for the past fifty years. Combining with them modern medical treatment for all forms of chronic, nervous and female diseases.

### **The McMillen Sanitarium** **FOR MENTAL DISEASES.**

BISHOP McMILLEN, M. D., Supt.

Address, Shepard, Ohio.

TELEPHONE 2406.

All forms of diseases with mental complications admitted. Alcoholic, Morphine, and other drug habits treated. We offer special medical treatment, good care, night attendance, up-to-date equipments, and constant personal supervision.

STREET CARS TO DOORS.

While these institutions are the successors of Shepard's Sanitarium they have entirely separate business management, employees, patients and grounds.

Patients find these sanitarium, with their large shaded lawns, beautiful places in which to secure rest and comfort while being treated. Write us, state patient's condition in full, and ask for terms of admission and catalogue.

PROFESSIONAL CORRESPONDENCE SOLICITED.

expression and remedial agents to be used in disease expression were handled in both the papers and discussions, no exaggeration is indulged. These men at least became aware of the fact that the Eclectics of Oklahoma knew their business and are a credit to the cause of medicine. They know too that it is as Eclectics proud of their work and of their school, that they meet and act, give credit to others and themselves expect credit they have earned.

To Dr. E. G. Sharp is largely due the thanks of the Oklahoma physicians and the visitors for the success of it all. His was the moving spirit, and be it said every successful cause must have a moving spirit. And yet, but for the combined enthusiasm of all the officers, of the members, of the Eclectics of Oklahoma, the marked success of this society meeting of 1904 could not have been. And it is safe to predict that next season when the meeting is held in Guthrie, a still greater credit will come to this, the youngest and possibly the thriftiest numerically considered, of all the Eclectic societies.

KANSAS.—This word too brings to the writer a sensation of newness, but of newness in a period of the past. It does not seem long since in his Kentucky home, the family circle whispered the story of the famine in drought stricken Kansas to which so many of our Kentucky people had just emigrated. Kansas was the very extreme edge of the country that on our map was then blotted in white as "The Great American Desert." But let that pass too, it was over forty years ago. Our object is not to recall the days when Kentucky sent sons and daughters and provisions to this land, which is but one of the many to which she has given of her blood and wealth. Our purpose is to speak of the meeting of the Kansas' Eclectic Medical Association in Topeka, May 5th and 6th, 1904.

For obvious reasons, the meeting was less in numbers as compared with the general State membership than that of Oklahoma. The St. Louis Fair had much to do with this, but the fact that no pressing issue confronted us and that an old Association in good hands leads to indifference of its membership possibly had more. There was no special cause at stake, no fear of disturbance, no call for active participation, a condition largely be it said to the credit of the Secretary, Dr. Packer, to the President, Treasurer and the officers one and all. The meetings were, however, well attended, the papers good, the discussions animated. It was a very profitable meeting, a good one, enjoyable, instructive. The same date, the Regular Society of Kansas (just across the hall), and the Homeopathic Society of Kansas convened in Topeka. They too were short one third their usual members. Thursday evening, a joint banquet of the Homeopathic and Eclectic Societies was held, a most enjoyable affair, Dr. Packer presiding. Impromptu toasts marked the occasion, good feeling prevailed under the soothing influence of a splendid repast prepared by the ladies of the Episcopal Church. It too was a success, as was a simi-



lar joint banquet last year, the only mark of regret being that the mellowing influence which has led these two schools to meet as friends in their great work to benefit humanity, had as yet touched no responsive chord in the dominant school whose members in some sections have yet to learn that medical men are co-laborers not antagonists, but contributors to a mighty cause in which we as a minority section are giving to them out of proportion to that which we receive.

PROFESSOR ELLINGWOOD:—This brief record would be incomplete, did it not touch upon the exceptional effort of Professor Ellingwood, in behalf of the National. He was the guest of the occasion both at Oklahoma and Kansas. His address in behalf of Eclectic organization was masterly, effective, forcible. Possibly as never before was it made evident that the success of the Eclectic School depends on the success of our State Societies and of the National. There is no denying the fact that to day with 10,000 Eclectics we would have 10,000 disfranchised practitioners if it were not for our organization. This, and more too, Dr. Ellingwood made plain to one and all who listened to his argument, and, judging from the number of applications for membership in the National, taken by the members present, there is little danger of immediate decrease in either enthusiasm or organization.

But we must not close without a word in favor of Professor Wilmeth, of Lincoln, who also made it his pleasant duty to attend the Kansas meeting. He took an active part in the discussions, and not only led others to enjoyment but seemed to derive great satisfaction in return. His report concerning the Lincoln College and the Nebraska Association is most flattering.

Taking it altogether, the meetings of Oklahoma and Kansas were successes, not only in themselves, but in the cause of Eclecticism at large.

J. U. LLOYD.

#### Ohio State Eclectic Medical Association.

As the JOURNAL goes to press we are one month nearer our annual meeting. The officers are putting forth every effort to make the coming meeting of the Society the most successful in its history. We are still receiving replies to our return postals which we sent out in soliciting volunteers for our progress. Many of our members have not sent in their answers. Doctor, if you have not sent us the title for your paper, please do so at once. Our meeting, you know, is on July 12, 13 and 14, and we must make up our program. Please give this your immediate attention,

Doctor, if you are not already a member of the Ohio State Eclectic Medical Association, you should be. In union there is strength. This is an age of organization and centralization. This applies to schools of medicine as well as to large mercantile interests. The more thorough the organization the greater the success of any undertaking. We need your support. It costs you but \$3.00 the first year and \$2.00

annually thereafter. Each year you receive a printed copy of the Transactions, that is in itself worth more than the annual dues.

Blank applications can be obtained from the Corresponding Secretary, or any of the officers of the Association. Do not forget the time of the meeting is July 12, 13 and 14. The place, Hotel Victory, Put-in-Bay, Ohio. Do not let your journey to the National at St. Louis prevent you from attending the State meeting. One is as important as the other. Programs for the State meeting will be mailed about the middle of June. Any information desired may be obtained from the President or Corresponding Secretary.

Dr. W. E. Postle, Shepard, O.

Dr. Chas. Gregory Smith, Cor. Secretary, Cincinnati, O.

The thirty-seventh annual meeting of the Iowa State Eclectic Medical Society was called to order by the President, Dr. J. H. White. After the routine business of the morning session the society adjourned until afternoon. About thirty members were present. The President delivered a very able address. Dr. K. O. Foltz was called upon for remarks and spoke of the necessity of organization and support of local, State, and the National societies. Two very interesting cases were presented to the Society for diagnosis and treatment. A number of papers were read during the afternoon session and fully discussed, Thursday's session was also an interesting one. Prof. Finley Ellingwood, of Chicago, gave an interesting talk on bryonia, and also a talk on State and National organization. Several papers were read and discussed.

The members said it was the best meeting held for a number of years. It was a disappointment to the writer not to see more of the younger men present; the majority of the members being those who have grown gray in the service, and that they were there was conclusive evidence of their interest in the work. Still I would urge the younger members to attend and take an active interest in the work, as in no other way can the society hope to progress in the future. The older members must of necessity drop out, and the fate of the organization will devolve upon the young men.

The officers for the ensuing year are—President, L. E. Eslick; Rockwell City; Vice President, H. V. Byers, Newton; Rec. Secretary, E. D. Wiley, Des Moines; Cor. Secretary, J. B. Horner, Lamorie; Treasurer, B. T. Gadd, Mitchellville. Board of Censors, B. T. Gadd, D. R. Bement, — Cooper. Trustees, the President, Vice President, and Rec. Secretary. Time and place of next meeting to be decided by the officers.

K. O. FOLTZ.

**Tau Alpha Epsilon Fraternity Notes.** Urling C. Cole, M. D., Editor.

We are now assured that the T. A. E. reunion will be a success, in point of numbers at least. A goodly number have already given us positive assurance that they will be in St. Louis in June, and we

have heard from others who intend to come if circumstances will permit. Brother Sloan, of Clarksburg, W. Va., one of the original founders of the fraternity, has been added to the E. M. I. Faculty. Brother Knapp, of Cincinnati, has also been added as an assistant to the chair of Clinical Medicine. Both Drs. Sloan and Knapp are to be congratulated, as well as the E. M. I. Alpha Chapter has made a move in the right direction by taking steps toward the erection of a chapter house. Other chapters will do well to follow her example.

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The annual meeting of the Kentucky Eclectic Medical Association was held at the Galt House, Louisville, May 3. The attendance was not very large, but several interesting papers were read and discussed. Drs. Bloyer, Russell, Foltz and Scudder, of Cincinnati, and Drs. Hauss and Ashabranner, of New Albany, Ind., were among the visitors. The Society decided to re-incorporate for another twenty-five years and secure certificates of membership, and make every effort to get out a larger attendance in 1905. The following officers were elected: President, Dr. W. R. Ruble, Lexington; Vice-President, Dr. L. J. Poe, Butler; Secretary, Dr. Lee Strouse, Covington; Treasurer, Dr. J. C. Mitchell, Louisville.

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The fortieth annual meeting of the Indiana Eclectic Medical Association was held at the Commercial Club Rooms in Terre Haute, May 11 and 12. Every officer was present and about seventy physicians were in attendance, a very good attendance when one considers that nearly all our State meetings will be affected this year by the National at the World's Fair. Fifteen excellent papers were read and discussed. Quite a number of new members joined. The social session on the evening of the first day was very successful and the music rendered by the Glee Club of the Rose Polytechnic Institute was very much appreciated by the large number present. All members and visitors were taken on a trolley ride about noon the second day. The election of officers resulted as follows: Pres. Dr. Q. R. Hauss, Sellersburg; First Vice-President, Dr. Morse Harrod, Fort Wayne; Second Vice-President, A. S. Hollingsworth, Urbana; Recording Secretary, Dr. Z. T. Hawkins, Swayzee; Corresponding Secretary, Dr. F. L. Hoeman, Indianapolis; Treasurer, O. B. Nesbitt, Valparaiso. The next meeting will be held at Indianapolis next May.

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The Twenty-Sixth annual Commencement Exercises of the California Medical College were held Tuesday evening, May 17th, at San Francisco. A very interesting program was rendered. W. W. Wimer who had attended three years at the E. M. I., was among the graduates.

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The annual meeting of the Michigan Eclectic Medical Association was held at Grand Rapids, May 18 and 19, with a very fair attendance and a good program. Drs. Gemmill, Bloyer and several vis-

itors from Chicago were present. The following officers were elected: President, W. H. Snyder, Hastings; First Vice President; Chas. (Lechler, Ellwell); Second Vice President, C. S. Sackett, Charlotte; Third Vice President, E. T. Morris, Nashville; Treasurer, H. P. Everts, Grand Rapids; Secretary, F. B. Crowell, Lawrence. The next meeting will be held at Jackson.

The Northeastern Ohio Eclectic Medical Association will hold its next quarterly meeting at the Forest City House, Cleveland, June 9, 1904. Our society has a splendid active membership but it should have at least one hundred and fifty more Eclectics of this part of the state enrolled. It is urgently requested that every reputable Eclectic in northeastern Ohio will avail himself of the opportunity to become a member of our society. If impossible to be present in person send application by mail. We have a splendid program for the June meeting, the papers are by very able men and together with the discussions in general they will be well worth one's time to hear.

Notice.—Class of '96, E. M. I.

A reunion of the Class of '96, will be held at St. Louis, during the meeting of the National, June 14 to 18. It is proposed to effect a permanent class organization at this time. A program will be rendered, after which there will be "something doing." Are you "in?" Already a large number of the boys have signified their intentions of being in line and every member is urged to be present. Forget your business for a week, attend the reunion, the National and the great world's Fair and give your "victims a chance to get well." J. S. Hull, Secretary; pro tem.; O. I. Helsler, President.

## PERSONALS.

Several good country locations in Texas. For particulars address with stamp. Dr. E. L. Walker, Glade Water, Texas.

Wm. A. Ellsworth, E. M. I. '05, has passed the West Va. Board, and is now located at Silver Hill, W. Va. F. W. Vance, E. M. I. '05, also passed the Board and is located in West Virginia.

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Dr. Rollo J. Grimes, E. M. I. '03, is now located at Pittsfield, Ills., in partnership with Dr. C. H. Doss.

FOR SALE.—\$2,500 practice in Southwestern Kentucky; town of 3,000, good roads, good schools and churches, 6-room residence; office in yard. \$400 worth of drugs and office fixtures. All for \$1,800 cash. Address J. H. B., in care of Mullen & Haynes Co., Owensboro, Ky.

Died, at Kokomo, Ind., Dr. Edward A. Hite, E. M. I. '98. Dr. Hite was lecturer on Operative Gynecology in the Indiana Eclectic Medical College.

Died, April 23rd, at 2412 East Cumberland street, Philadelphia, Pa., Dr. James S. Stevens, E. M. I. 1870. Dr. Stevens was past seventy years of age and was one of the leading physicians of that city.

Died, at Croton, Ohio, April 16th, Dr. George M. Lyman, age 68 years. Dr. Lyman originally graduated from the Curtis Medical College and afterwards from the E. M. I., and was a successful practitioner for more than forty years. He was a member of the Ohio State and also the Ohio Central Eclectic Medical Societies.

Died, at Youngstown, Ohio, Sunday, May 1st of pneumonia at the age of 73 years. Dr. Isaiah Brothers, E. M. I., 1857. Dr. Brothers was one of the best known physicians of the northeastern part of the state and had been an active practitioner for over forty-five years. He was a member of the Ohio and N. E. Societies.

FOR SALE.—Medical library of best authors. Very cheap. Address L. F. Scofield, Portsmouth, Ohio.

FOR SALE. Office and practice. I will sell out at a reasonable price, as I wish to return east. For particulars address with stamp Dr. M. L. Doom, K and 13th streets, Tacoma, Wash.

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## ORIGINAL COMMUNICATIONS.

### THERAPEUTIC SKEPTICISM.\*

By W. N. Mundy, M.D., Forest, O.

THE above may seem a strange title for an inaugural dissertation before a medical society, but it is a subject that has frequently appealed to us and to which we have given much thought. As we grow older in practice, many of the inconsistencies and incongruities of modern therapeutics appeal stronger and stronger to our mind. It does not seem strange to us, that modern medicine and the would-be modern physician are the subjects or rather objects of countless puns and cartoons. One has only to stop and consider the 'isms and 'pathies of modern therapeutics and the numberless differences among those pretending to practice the same 'ism or 'pathy to see the force of at least a portion of our argument.

Though a firm believer in specific medication as we understand it, we are afraid that with increased years of experience and study we are inclined to become a therapeutic nihilist. Much of our skepticism is due to discussions heard at medical associations, some to consultations with other physicians and much more to journal reading. Permit me to recite some instances as it will better illustrate the force of our reasoning and the trend of our thoughts.

At one of the meetings of our national, a paper was read upon *Pasiflora Incarnata*. The author ascribed to it the properties of a nerve sedative and tonic. As a glandular stimulant, consequently an alterative and an undoubted hypnotic. He then proceeded to sing its virtues as a pain relieving agent in neuralgia such as *tic douloureux*,

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\*Address before the North-western Ohio Eclectic Medical Association,

occipital and cervical neuralgia, cramps, etc. In vaso-motor disturbances such as hysteria, tetanus, eclampsia, chorea, epilepsy, etc. In acute inflammations, such as meningitis and cerebro-spinal meningitis. Reading the complete article, you will find it recommended for every ailment flesh is heir to, from toothache and migraine to cerebro-spinal meningitis; from diarrhoea to cholera infantum; from insomnia to delirium tremens; from ordinary belly-ache to threatened abortion. Such is the range given by this enthusiastic writer.

So far as our personal experience extends, and we believe you will all bear us out in the assertion, *passiflora* possesses but very feeble if any anodyne properties. We have used it in all sized doses, from the fraction of a drop to a teaspoonful, and have thus far failed to see any pain relieving power whatever. The field covered by our enthusiastic therapist is entirely too broad.

It is only a few years ago, our medical journals teemed with the powers of *cineraria maritima* to dissolve cataract. When we stop to consider the nature of cataract, its pathology, location, etc., does it not look rather doubtful and far-fetched to imagine for a moment that a substance dropped on the cornea would dissolve or dissipate it? We have yet to hear or see a case of undoubted cataract benefited one iota by this remedy.

Who is to blame for these therapeutic fallacies or dreams? We believe there are two parties. The tradesmen and the doctor, especially the latter. Some enterprising, commercially inclined genius will hear that a plant possesses some slight medicinal virtue. He makes his preparation, sends his samples to some physician, asking him to write an article for publication on its virtues, meanwhile suggesting along what lines he desires him to write; forthwith comes an enthusiastic article giving the plant or preparation all the medicinal virtues, possible and impossible. Time is a necessary element in placing a remedy where it belongs. Not only time, but patient testing and re-testing. It is a fact, that many, if not all the serum remedies upon the market were first evolved by tradesmen, or in the chemical laboratory and not by physicians, by clinical testing. A good, sound clinical test is worth much more practically than a study on dogs, cats or rabbits in an experimental laboratory. Yet it is surprising to what heights of fancy and by what a strange process of reasoning we arrive at some of our conclusions. For instance, we heard a doctor recently extolling the virtues of a certain remedy in nervousness associated with some fever, occurring in a child. He gave the following history: Vomiting, elevation of temperature and pulse, nervous excitement. Treatment: Castor oil sufficient to move the bowels, followed by the favorite remedy. Result, recovery in twelve hours. Now let us analyze the case. Irritation of the stomach from overloading the same; result fermentation and vomiting. The castor oil excites peristalsis or rather removes the irritating material and cause of the fever and recovery would have followed just the same, if the favorite remedy had

not been given. It is a fact we give too much medicine and frequently ascribe a result to a remedy, when in fact the patient would have recovered in spite of the same or without it, had we but given Nature a chance or opportunity. The earlier Eclectics studied nature carefully, and attempted to do nothing which would interfere with the natural physiological processes, thus assisting rather than doing anything contrary to them. We are afraid we have departed from this old teaching which made them so successful in the past.

We often wonder how physicians can tell to what remedy to ascribe their success. A commercial traveler visits their office and describes to them their diuretic elixir, rheumatic compound, cough mixture, etc. We will not repeat to you any of the formulæ, but it is sufficient to say they contain from six to eight active remedies in combination with aromatics. Now then, must the physician suit his patient to the remedy or the remedy to the patient? The latter is the better method, but the former is the usual one. We are afraid, owing to the spirit of commercialism and enterprise of the pharmacist, the physician will soon degenerate into an automaton. Candidly we can see but little difference between this method and the purchase of patent medicines by the laity, or the dispensing of them in prescription vials as we have seen. We all know we are solicited to purchase preparations for skin affections guaranteed the best for eczema, psoriasis, etc., not taking into consideration whatever the differences in the ætiology, pathology and symptoms of the diseases. Yet what is the difference between this method of prescribing and the every day purchase of cuticura? The ideal will be only attained in therapeutics when we can select a certain condition with a perfect assurance of success, where success is possible. With the same assurance that we prescribe morphin to allay pain, or strychnin, or nitro-glycerin to stimulate a flagging heart. Recently in a discussion we heard several physicians report the cure of tabes dorsalis by the administration of one of the tissue remedies given in the third trituration. Reviewing the history of the disease, its pathology and especially the prognosis, does it not seem rather chimerical to claim a cure for such a disease with a remedy of such seemingly inert properties? Tabes dorsalis is at times of rather slow progress. Its progress may be checked, but it is difficult to conceive how any remedy administered internally can restore the degenerated spinal tissue. We are rather inclined to believe there has been a mistaken diagnosis. We ought to be more careful in our diagnosis or less extravagant in our therapeutic claims. Medicine, we are sorry to say, smatters too often of rank charlatry, and the physician only is too frequently to blame.



## OBSTETRICS.\*

By D. R. Bement, M.D., Mount Ayr, Iowa.

**W**E must necessarily condense our remarks in this paper as we can not enter in detail into many points that may be included and connected with this subject.

We are called to attend a case of confinement, and while we are hurriedly making preparations that we may be off as soon as possible, we may think of the probability of meeting a cry from a new born babe, a twelve or twenty-four hours waiting, a placenta prævia, a face, hand or any abnormal presentation, puerperal eclampsia, forceps delivery, postpartum hemorrhage or retained placenta. Are we ready to meet any of these conditions?

We should use every precaution that time or opportunity will permit to be properly prepared for making an examination per vaginam. In the vaginal examination we will decide if true or the first stage of labor is on. If rapid or slow dilatation, and by the aid of external manipulation determine the position of the foetus, if pelvis is roomy.

In tardy dilatation and rigid os with weak and ineffectual pains, I use one to four gtt. of gelsemium and five to ten gtt. of macrotys, every fifteen to twenty minutes, and other remedies to meet indications in obstetrics, should be observed as well as elsewhere.

We have cases that will not hurry. With a roomy pelvis, os not rigid and no other contra-indications, I use ten gtt. of ergot every twenty to thirty minutes. If pains are severe and the patient inclined to flinch from pain, a few whiffs of chloroform are given. Frequently use chloroform near end of the second stage.

I have had but few cases of placenta prævia. I think all were premature. If head can not be coaxed into pelvis and act as tampon by pushing placenta to one side, I resort to podalic version and deliver child as soon as possible. If an arm or other abnormal presentation, change the presentation by bringing down a foot or the breech. Face and slightly abnormal presentations may usually be coaxed into normal presentations if detected in time and before waters break.

In puerperal eclampsia, I have the most faith in ten to thirty drops of specific veratrum, injected every thirty minutes to one hour until the danger point is passed. As to use of forceps I wait for conditions, for we can not judge by the past. I will give a brief history of three cases to illustrate my meaning.

Two years ago this last winter I was asked by a gentleman to attend his wife and be prepared to use instruments as his wife had had seven children and every one of them had been taken by instruments. In due time I was called and in the face of the husband and wife protesting and declaring that it had always been done, a large, plump babe was delivered within two hours from beginning of first stage of labor without instruments.

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\* Read before the Iowa State Eclectic Medical Society.

I had attended another lady in three previous confinements and each had been from thirty to thirty-six hours of restless and tedious labor, before dilatation was sufficient to use forceps which were used as soon as possible. The fourth gestation had been on about seven months when the lady was taken with a severe pleuro pneumonia of left side. In two weeks she was convalescent, when she had a relapse that looked to be all she could bear for twenty-four hours. She again became convalescent, when in my absence a young medical doctor, of Rush, was hurriedly called, and while the young man was going through his strenuous ablutions the father caught the babe in the bed pan.

The seventh of February last I was called at 5 a. m., by a new (to me) family; the wife was the mother of thirteen children and had had a physician in but two of her previous confinements. She was a large and rather fleshy woman. Her labor began early the morning of the 6th. Her first greeting to me was, "Doctor, my pains are not doing me one bit of good." Her condition remained the same for five hours, the last half hour begging me to use instruments, when the husband came to time (he was a large fellow), we adjusted the forceps and delivered the woman of a not unusually large child, not as large as some at former births.

After child is delivered I add to a glass of water, a teaspoonful of ess. cinnamon and give three to five teaspoonfulls ten to twenty-five minutes apart, continuing for one and one-half, to two hours. If pains are not sufficient to remove after-birth in a few minutes, I use Crede's method and rarely find it necessary to introduce hand to aid in completing a delivery.

I think it safer to keep the patient under observation some time after the removal of the placenta. If post partum hemorrhage occurs before removal of afterbirth, I remove afterbirth as soon as possible. If hemorrhage occurs after removal of afterbirth, in addition to internal medicines, I raise the foot of the bed from eight to twenty inches from floor.

If perineum is lacerated to any extent I use the required number of stitches before leaving the case. I usually remain about one hour after delivery of child and see my patient properly washed and placed in a clean bed and observe the condition of the womb, and so do not have to return hurriedly to attend a bad case of hemorrhage.

Of late years I make no propositions to my patrons to make labor easy by giving preparatory medicines.

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#### SEVERAL ITEMS.

By C. D. R. Kirk, M.D., Shuqualak, Miss.

THE fatal raid made by pneumonia last winter makes me want to affirm, or rather repeat, what I have written about it for the JOURNAL last year. These are broad assertions, but none the less true: I do not remember of having lost a case for the last twenty-five

years. I have not urged a case to eat, neither have I given a single case strychnine, whisky or other remedy to "support the heart."

I have not seen a case of pneumonia, who was rational, that desired food until the inflammation had subsided, neither have I seen a case that could digest ordinary diet while there was an inflamed lung. When a rational pneumonia case calls for something to eat he is safe. On the other hand, it is a very poor Eclectic who never gives purgatives, never blisters, never gives morphine nor quinine. The thing to do is to find the indicated remedy and give it in the most pleasant way. Treat every abnormality but do not treat anything else. Set aside the name of the disease and treat the symptoms. The writer was called to see a lady who was quite sick. The neighborhood doctors had been called to see her without being able to ascertain the name of her ailment, and therefore could not prescribe for her. If they could have grouped symptoms enough to name the disease they would have been regularly in! But the full, strong, rapid pulse, the full, gray colored tongue, the bluish discoloration of the face cut no figure in it. I suggested that we prescribe the indicated remedies and then hunt the name of the disease, to all of which the doctors readily agreed. We gave Lloyd's veratrum and echafolta in one glass and acetate potash in another, alternated. A careful examination of the lungs revealed an inflamed area near the heart in right lung, but as there was not any cough and expectoration the doctors were at sea, but, the patient soon coughed and the characteristic brick-dust sputa followed, then every doctor knew it was pneumonia and every man had his stereotyped treatment to suggest. Auscultation and percussion, with a majority of doctors are "not in it" except to keep up appearances.

A dislocation of the head of the humerus, inwards (sub-coracoid), or downwards (subglenoid), has always given the doctor more or less trouble, indeed, some get their trouble in the form of a suit for damages because the medical doctor failed to detect the dislocation, besides that of falling heir to a walking ad. The writer was called to a muscular man who had fallen from a platform and dislocated his shoulder; just as the messenger started for me a friend of the patient appeared, armed with a bottle of whisky, for which the suffering man had no horrors, and therefore by the time I arrived the case and his half dozen or more friends were quite happy. I soon had him geared up with bagging—it was in a cotton-gin—and two good fellows on either side to pull, while the writer manipulated the joint with his knee in the armpit. I did not think to tell my assistants to pull slowly at first, and therefore, at the command to pull, the bone left the joint at least a half an inch and I had to order a relaxed pull and allow the bone to return to its natural position, all of which was done in less time than it takes to write it. I will suggest that when called to a case of shoulder dislocation send the patient and his friends a large bottle of whisky and request them to get ready—they are sure

to take the medicine. I will add that in a long practice this is one of only a very few cases in which whisky did any good; though often prescribed it requires a very close observer to prescribe it only when needed.

### THEORY AND PRACTICE OF MEDICINE.†

By E. D. Wiley, M.D., Des Moines, Iowa.

ONE of the requisites of the physician is a good understanding of the Theory and Practice of Medicine; the first he can acquire in his college days, but the latter, if he would succeed, will be a never ending study during his whole professional life.

While it is true that theories, in relation to diseases and their causes, change from time to time as progress is made in their study by investigators, still, they are not so numerous or frequent as to greatly disturb the one who has made good use of student life; while to carry out successfully theories at the bedside and meet the thousand and one conditions constantly arising, taxes every resource of the successful physician.

That the Practice of Medicine is far from being a demonstrated science is evident from the numerous systems, isms and pathies in existence, all claiming recognition as being the best for the cure of disease. Certainly all cannot be true, and while the claims of many are most preposterous, still, the fact that they exist may be taken to indicate that there may be a vein of truth in some of their claims that it would be well to investigate.

Our leading text-books of today on "Theory and Practice of Medicine," give descriptions of the various diseases, with the accepted theories as to their causes, and also outline the plan of treatment. But at the bedside, the practitioner, after a careful and correct diagnosis, is often puzzled as to the best line of treatment, by reason of the frequent variations from the established type of disease, the idiosyncrasy of the individual and his environment, and like the statesman, he is confronted with, "a condition, not a theory."

The fact that so large a per cent. (some 90 I believe) of acute diseases met in general practice are self-limited and curative is of the greatest aid to the practitioner, as with little medication and careful nursing, health will in time be restored. But in our present social condition, when every adult is a wage earner or home keeper, time is a factor that must receive important consideration. The amount lost through sickness and ill health, if expressed in dollars, would be something enormous to the financial world, to say nothing of the anguish and suffering entailed on those near and dear to the afflicted. Hence the importance of reducing the period of illness to the minimum, both as to duration and severity. Just as the effectiveness of an army is

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dependent on the shortness or length of its sick call, so are communities dependent upon the health of their individuals.

In the graver forms of disease, the physician will be called upon to exert all the resources in his power, not only from his own experience, but from his brother practitioners, to enable him to cope successfully with the disease, and too often he will fight a losing battle. And he who, by careful study, training and experience, can most skillfully select the remedies and means to most quickly restore health, will be the most successful in the Theory and Practice of Medicine.

#### A FUNDAMENTAL EDUCATION FOR MEDICAL STUDENTS.\*

By F. H. Fisk, M. D., Nashville, Tenn.

**A** LITTLE learning is a dangerous thing," for a doctor. "To eliminate a fault is to improve the system."

To comprehend the field of medicine, or the practice of medicine, the mind must have a broad mental vision; which can only exist after education and culture.

To be able to prescribe calomel to be followed by castor oil and turpentine for biliousness; or to give podophyllin in purgative doses as a substitute measure, just to furnish a pretext to collect a fee, is evidence of only a little learning, and many, very many useful lives have been sacrificed by this procedure under the guise of practicing medicine. A doctor may be learned in some things, yet not be scientific. The practice of medicine came into existence as a regular business, from the need of people, who, being subject to pain and disease from wrong mode of living, called for help in their distress. The mode of life was contrary to the law of nature—disease and premature death were the natural consequences. A want of knowledge of the law is no excuse, the penalty must inevitably follow transgression. There is no escape for the sinner.

In the early ages of the world, the history of medicine is involved in much obscurity. For centuries there were no written works on the practice of medicine, and what knowledge of simples the people possessed was handed down from parent to child by tradition, increasing as they learned the value of medicinal plants and their uses and applications for the relief of the sick. We do not learn that there were any men—women were not in it—who devoted themselves to the study of and practice of the healing art, either as an avocation or a vocation. Those who were suffering from disease would consult their friends and neighbors and "passers by," as possibly some one would have seen the disease before and be able to advise means that would afford relief.

We learn from the Bible that the Jews must have possessed some knowledge of the "art curative," and that some men had at an early

\* Read before the Tennessee State Eclectic Medical Society.

day given attention to the care of the sick, and were called physicians. Thus in Jeremiah viii. 22, the prophet asks: "Is there no balm in Gilead; is there no physician there?" In Job. xiii. 4.—"But ye are forgers of lies, ye are all physicians of no value." Again in Proverbs xxvii. 22.—"A merry heart doeth good like a medicine, but a broken spirit drieth the bones." In the New Testament we frequently read of physicians and medicine. Still the practice of medicine was in a very crude and imperfect state, as even the wise ones knew little or nothing at all perhaps of anatomy and physiology and the kindred sciences. Rinouard in history of medicine writes: "We have seen that the first notices of medicine go back to the earliest infancy of society." Pliny made the statement that "there is no nation in which we do not find some vestiges of medicine."

Greece was the first to develop medicine as an art, and had physicians. *Æsculapius*, the father of medicine, was a pupil of Centaur Chiron, who was probably a prince of Thessaly, and was the first one to make the practice of medicine a special pursuit. In those early days the remedies administered were wholly of vegetable origin. In the sixteenth century Paracelsus, a man without principle, introduced the use of mercury, antimony and other minerals, and claimed that he had found the "essence of life." His practice was as unsuccessful as are his followers of today. Andrew Libanius assures us "that he injured a multitude of people, in his ignorance of the true principles of medicine, and did not cure them, and that he killed a good number or put them in a worse condition than he found them." The ignorant members of the medical fraternity are doing the same kind of work in our day. The practice of medicine and surgery in the various branches and specialties of today, though deficient in many respects, possesses a definiteness which entitles it to be termed a science. In order to comprehend the science as well as the art of medicine, the mind must be sufficiently cultivated to enable a comprehension of this most complex and intricate of all sciences. The uneducated mind cannot comprehend the details of the problem of life in which are involved the principles that must govern the successful practice of medicine; successful in relieving the sick of their infirmities, not of their cash. A successful money-maker, or money-getter, is not always successful in combatting disease. To give medicine to the sick, with absolute ignorance of the positive effects of the medicine, deleterious as it may be, and regardless of consequences, is one thing, but to be able to administer to the relief of the sufferers from an outraged nature is quite another thing. Knowledge is necessary; but the possession of only a little knowledge by the assumed to be medical man, is a dangerous thing for the sick ones committed to his care.

It is not absolutely necessary that the medical practitioner should have a classical education; but he should have a thorough knowledge of his mother tongue, our modern English, so that he can read with

intelligent comprehension, the medical literature which is requisite to a proper conception of disease manifestation and the proper remedial measures necessary to correct the aberrations of function or lesions of structure which are evident from the objective and subjective presentation. The uneducated, uncultivated mind can have but a limited scope, and can not grasp the situation; can not form a mental picture of the abnormal condition, without which the treatment of the case will be purely guess-work, hit or miss—hit the life of the patient, but not miss the pocket book.

With a liberal knowledge of the fundamental branches of the modern English language the student may learn much that is to be known by application to the study of the text-books, but he will find it difficult to comprehend fully the technical terms, and most names of the organs and viscera of the body, as well as the terms made use of in describing the functions of the various structures of the body, and the diverse pathological manifestations in the perversions of function; as well as the names of drugs and medicines, the chemical formulæ, and the descriptions of diseases and their treatment in the medical journals and periodicals. Latin or Greek words, or derivations and combinations from those languages, are largely called into requisition; hence a knowledge of Latin and Greek are essential before beginning the study of medicine.

From the fact that civilized man lives a most unnatural life, violating nature's behests continuously and persistently in his eating and drinking and other habits of dissipation, the physician has become a necessity in the community; in the rural districts as well as in the towns and cities, there is a demand for the medical practitioner, and the demand must and will be supplied. In the cities the medical man must be a person of education and culture, of refined thoughts, expressions and manners, in order to fill his station in society and command the patronage of those occupying prominent positions in the public estimation, and to command the fees necessary to maintain his status as well as to enjoy the comforts and luxuries consequent upon opulence. But, a very large proportion of families in the country districts could not afford to pay the prices which are charged by the educated physicians of the cities, hence the supply for them is from those who have not had the advantage of a literary training. Fifty years ago, and prior to that time, the educational facilities of the land were quite meager, and many persons entered the arena of medical practice with a very limited education; there was a demand for help in distress and the services of any one was welcome. There was a demand and the unqualified supplied the demand. But now, with our common schools in every neighborhood throughout this fine country, and the advantages of the higher educational institutions which have become so numerous, coupled with the wealth of a prosperous people, there is no excuse for an illiterate, uninformed person to enter the medical profession. The laborer should be worthy of his

hire. It takes time for a skilled mechanic to acquire a knowledge of his business, and it requires a long time in experience to become skilled in the application of that knowledge sufficiently to be deemed an expert. And so it is in the vocation of the medical practitioner which includes science, art and skill. It takes time to obtain a literary education and to develop the mind for reception of the higher ideas incident to the science of medicine, and then it requires time, years of time, to qualify the student of medicine for that most important function in life—the care and direction of the life forces in the sick room. It is most gratifying to know that the percentage of physicians practicing the American system of medicine, modern Eclecticism are qualified by having a fairly good education. Eclectic Medical Colleges lead in requiring a good fundamental education for students entering their portals.

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#### DIAGNOSIS AND TREATMENT OF TYPHOID FEVER.\*

By John O. Cummins, M. D., Tenn.

**I**N the treatment of disease by Eclectic methods we care but little for diagnosis, nosologically speaking, so far as it relates to the administration of remedial agents; however, for the pacification of friends of our patients, for sanitary and prophylactic purposes, it is often absolutely necessary that we be able to make a correct diagnosis.

Typhoid fever is a general infection caused by the bacillus typhus, characterized anatomically by hyperplasia and ulceration of the lymph follicles of the intestines, swelling of the mesenteric glands and spleen, and parenchymatous changes in other organs. While these changes are almost constant, there are cases in which the local changes are slight or absent, and there are others with intense localization of the poison in the lungs, kidneys, spleen, or cerebro spinal system. Clinically the disease is marked by fever, a rose colored eruption, diarrhea, abdominal tenderness, tympanites, and enlargement of the spleen; but these symptoms are extremely inconstant, and even the fever varies in its character. Hence the importance of making a clear diagnosis in typhoid fever.

We should endeavor first to secure as perfect a history of the case from patient or friends as possible; this will be the first aid in diagnosis. Given a case with a history of several days of impaired appetite, languor, debility, dullness, dizziness, confusion of intellect, slight nausea at times, uneasiness at the epigastrium, a general soreness and stiffness, with more or less pain in the back and limbs, and frequent epistaxis. This train of symptoms increases for a number of days, when the patient complains of chilly sensations, suffusion of the eyes, coldness of the extremities, which becoming more marked are alternated with flushes of heat. These rigors may last for two or

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\* Read before the Tennessee State Eclectic Medical Society.



in fevers, and insist on my patients taking all they can; for a change soups and broths are allowed. In the latter stages sweet milk and whisky is both nourishing and stimulating. Toast water, fruit juices and baked apple are allowed to those who relish them. Keep your patient on a liquid diet for several days after the temperature is normal, to this they frequently object but solid diet given too soon is apt to cause a relapse. Patient should be allowed small quantities at frequent intervals. The above is a brief outline of what eleven years of experience has taught me in the management of typhoid fever uncomplicated, and my results have been very satisfactory. Of course complications must be treated according to their specific indications, I hope I have said enough to elicit a general discussion.

#### TREATMENT OF PULMONARY TUBERCULOSIS.\*

By J. I. Allison, M.D., Bloomington, Tenn.

**B**EGIN with sponge bath of tepid borax water over entire body every other night until skin is in a healthy condition. If there be hectic fever with a dry hard cough with difficult respiration, if a rise of temperature to 101 to 102 degrees with a feeble, fast pulse, I use a prescription like this: R—Sp. aconite gtt. x; sp. ipecac gtt. x; sp. cactus gtt. x; aqua mint q. s. ad ℥iv. M. Give teaspoonful every hour in the afternoon, and every two hours before noon. For the suppurative expectoration and cough and the septic condition from the muco-purulent suppuration, I would give carbonate of creasote after meals; begin with three drops and increase one drop every day until 10 drops are reached, then drop back to the original dose and repeat as before. This treatment may generally be continued so long as the patient lives or until better. If they have that peculiar sick stomach especially after eating, and where they go to coughing immediately after each meal and continue until they vomit up the meal just eaten, in this condition I would stop creasote for a while and use in its stead ichthyol and aqua aa. ounces 1, mix, give twenty drops after each meal in sip of water, and increase one drop every day until 40 is given at a dose; this is the best remedy to control the sick stomach that I have ever used. I think the sick stomach is due to the septic condition of the mucus expectorated. Ichthyol subdues this symptom by its antiseptic properties. Where there is ulceration or inflammation in a chronic form even of the stomach or intestinal tract this is one of the best medicines I have ever used. I usually alternate with the above remedies and use specific medicines as specifically indicated, as they may present themselves. For that peculiar diarrhea that accompanies tuberculosis I would use carbo-veg. (Lloyds'), with bismuth sub. nit. in doses sufficient to control the symptoms. For the hemorrhage of lungs, never have I found any-

\* Read before the Tennessee State Eclectic Medical Society.

thing better than ergot. I always give special attention to the digestive organs; they should be kept in the best condition possible, for so long as the patient can digest oils and fats he will live. Assist digestion by specific medication. Now, for the most difficult problem in tuberculosis, is the line between sedation and stimulation. For a builder I would prefer maltine with cod liver oil, which is a food instead of a medicine, but if the rise of temperature is above 101 degrees I consider that this remedy will increase the inflammation of lung tissue. Always keep good elimination and plenty of fresh air and cleanliness above all must have special attention, and plenty of good nourishing and wholesome diet, and live out door as much as circumstances will admit of. For that peculiar smothering or shortness of breathing I would give elix. valerinate ammonia and syr. ipecac, each one ounce; mix, give teaspoonful every 40 to 50 minutes until better or relieved, then not so often. For the cough at night that keeps the patient awake until late hours I would prefer codeine, one fourth grain tablets, one at bedtime and repeat in one hour, in case sleep or rest is not procured. I feel sure that if the case of tuberculosis is seen early and put on the above outlined treatment and persisted in, carrying it out with specific medication supplied according to specific diagnosis the road to the grave will be easier and lighter to travel, and the life of the patient materially prolonged. I feel sure there is no disease that we should be more careful in our treatment and management than that of tuberculosis, for I am sure it is contagious, and the death rate is increasing from it every year. I would like to impress upon this society that I feel that the medical profession as well as the government is neglecting this most dreaded disease. I feel that we ought to have some legislation along this line. I don't think it is any more right for a consumptive to spit on the streets and around heating stoves than it is for a case of small-pox to associate with the public. I feel sure that more might be said on the treatment of tuberculosis. I have only spoken from my experience with this most dreaded disease. Would like to hear from every member of this society on this subject.

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#### CHELIDONIUM.;

By George M. Hite, M.D., Nashville, Tenn.

THE other technical name of this valuable new remedy is, *Chelidonium majus*. The *synonyms* of the remedy are, greatcelandine, gardencelandine, and tetterwort. The entire plant is used to make the officinal remedy. The natural order of the plant is papaverous—that is it pertains to the poppy family.

The plant is native to Europe. As to the botanical description of the plant, it is a perennial herb, and as before mentioned, is indigenous

to Europe, but has been naturalized in North America, and is found to grow in rocky and waste places, flowering from May to September. The herb should be gathered when beginning to put forth its flowers. The proper solvent for it is alcohol.

The *constituents* of the herb are a bitter principle, and the alkaloids, chelidonine, sanguinarine, etc. The *preparations* of this plant are extractum chelidonium—fluid and solid—expressed juice or succus chelidonium, and last and most important, the specific chelidonium. The dose ranges from one tenth to ten drops. The *physiological actions* of the drug are drastic cathartic, and violent local irritant; in smaller doses an elegant alterative, an excellent diuretic, etc. The *specific symptomatology* of this excellent remedy is best described by saying it is called for in fully developed abdominal plethora, insufficient functional glandular action of the abdominal organs, and imperfect circulation of the tissues of the glands and organs of the abdominal cavity, which produce diminished secretion of bile as evidenced by very light colored stools which usually will float on water. There may be no evidence of absorption of bile into the blood, that is, there may be no jaundice; again, on the other hand, there may be a fully developed jaundice with its long train of woful symptoms, such as icterus of skin and eyeballs, loss of appetite, flatulency of stomach and bowels, fullness and heaviness in same, highly colored urine, hypochondriasis, general apathy and indifference, etc. For this case as a whole, or for any one of the symptoms taken individually, it is the remedy *par excellence*. You will observe, however, that this is the remedy for the atonic case. In the irritative case with soreness and tenderness of liver and bowels, chionanthus is the specific remedy.

Defective portal circulation is the source of a long train of symptoms, a few of which are a slow pulse beat, palpitation, dull pain and aching in limbs and muscles, a feeling of weight, stiffness and swelling of the hands, limbs and feet, coldness of same, doughy skin with jaundiced greenish appearance, dull aching in the front and occiput of the head, vertigo, irritability, inactivity, weariness, irregularity of bowels, constipation alternated with looseness, colicky pains and many other disorders. Chelidonium is an excellent remedy for atonic hepatic disease with any or all of the above named symptoms. Some experimenters have attributed great benefit to the agent as a remedy in *biliary* calculi, who consider it quite superior to any other remedy in use to prevent a reformation of the stone. This statement I cannot verify, as I have had no experience with it along this line. However, I feel almost sure it is worthy of our consideration for that purpose. It also has some reputation as a remedy for *cancer*. Denisenko is reported to have used the remedy for that purpose by having the patient take from twenty-two to seventy-five grains of the extract dissolved in water, once a day during the treatment. Into the substance of the cancerous tumor at its boundary line he injects

at interrupted points, two or three drops of a mixture of the extract, water and glycerine, in equal parts by weight, not exceeding one syringeful in all at one sitting. If the tumor is ulcerating he paints its surface twice per day with a mixture of two parts of the extract of chelidonium to one part of glycerine, from which results a slight burning. In all instances, he relates that there is, especially after the first injection, burning pain at the site of the operation, the patient feels weak, a chill of some severity supervenes, followed by a rise of temperature to between  $100^{\circ}$   $102^{\circ}$ , all of these symptoms disappearing on the following day. He claims as the result of the treatment that the sallow skin disappears and softening of the tumor sets in. He fails to state how often the operation should be repeated, leaving us to infer, I suppose, that one treatment is sufficient to effect a cure. Of this use of the remedy I know nothing clinically, but would suggest that the treatment is worth our consideration in this, otherwise, hopeless disease.

To recapitulate I will say that the specific indications for chelidonium, so far as I have verified them, are pale and sallow skin; full, pale and somewhat sallow tongue; greenish-yellow skin; *pain under right shoulder blade*; fullness and dull pain in liver; fullness in stomach and bowels or in either alone; gastric and intestinal flatulency; deficient action of kidneys with dull, weighty pain in back; constipation, with bad, bitterish taste on rising of mornings; despondency and gloomy foreboding. I will now give you a formula that will fatten your sallow, thin, cacoplastic looking patient. It will cure his dyspepsia, constipation, despondency, and weatherboard his frame. The formula is:

R—Specific chelidonium, specific hydratis, Fowler's solution, aa.  $\bar{3}$  j.; glycerine,  $\bar{3}$  j.; water, q. s.  $\bar{3}$  iv. M. Sig.—Teaspoonful every 4 hours to 4 times a day. Those of you who are acquainted with me know that I am not an advocate of formulary prescribing, but if you will notice the description of the symptoms above given, you will see plainly that all three of the remedies are well indicated. At any rate, I will assure you that the formula will not disappoint you, if strict attention is given to the indication mentioned. I most earnestly request that you use it and report to us at our next annual meeting.

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#### EXAMINATION QUESTIONS.

Texas Board, April 26 and 27, 1904.

##### ANATOMY.

1. What is Anatomy?
2. How many vertebræ in the human spine, and give name and number of vertebræ in each division, beginning above?
3. What and where is the os innominatum?
4. Describe the pectoralis major, sartorius, deltoid, and sterno-cleido-mastoid muscles.

5. Describe the circulation of the blood, beginning with the descending vena cava, naming the larger vessels, parts of the heart and valves it passes.
6. Where and what is the solar plexus?
7. Where is the cerebrum, cerebellum, and pons varolii?
8. If a patient had a hemorrhage of the brain, and sense of speech was paralyzed, where would you locate the clot?
9. Give area of dullness of normal liver.
10. Describe the scarpas triangle.

## PHYSIOLOGY.

1. What is meant by the physiological balance?
2. What is the epithelium, and where found?
3. Describe the process of digestion and assimilation.
4. Of what is the thoracic duct formed, and into what does it empty?  
Do the lymphatic vessels possess valves?
5. What organs furnish the blood with oxygen?
6. Describe the double function of the lungs.
7. How many pairs of cranial nerves are there? Name the third pair, its distribution and function.
8. Name the principal divisions of the brain; name the division in which is located the centers of respiration, phonation, deglutition, mastication and expression.
9. In what respect does the medulla oblongata differ from the cerebellum and cerebral hemispheres with reference to the arrangement of the white and gray matter? Give the relative weight of the cerebrum to the whole brain.
10. Describe the circulation of the blood; name the vessels through which it passes on its circuit from the right ventricle of the heart and return.
11. Describe the portal circulation; name the vessels carrying the blood to the liver and that carrying it away, and into what does the latter empty?
12. What is meant by the systole and diastole of the heart?

## PATHOLOGY.

1. What is pathology?
2. Give pathological description of inflammation.
3. What are the principal pathological characteristics found in tetanus?
4. Give principal pathological conditions found in acute tonsillitis.
5. Name principal pathological conditions of acute gastritis.
6. Give morbid condition found in enteritis in children?
7. What pathological condition is found in acute yellow atrophy of the liver?
8. Give principal morbid conditions found in acute bronchitis.
9. Give principal pathological conditions found in purulent pleurisy (empyema).
10. State where the most important changes are to be found in paralysis agitans, and in what respect does it differ from true senility.

## MATERIA MEDICA.

1. Name four antipyretics, dose of each, and indications for use.
2. Give four analgesics, dose of each, and when indicated.
3. What is an anesthetic? Name one local and one general, and give mode of using.
4. Name an emmenagogue, an anaphrodisiac, expectorant, astringent, diuretic, diaphoretic, hemostatic, zymotic, dose of each and when indicated.
5. Describe an infusion, a decoction, tincture, fluid extract, emulsion, elixir, and how prepared.
6. Give the physical properties and indications for the use of each of the following drugs: Hydrargyrum, ferrum sulphas, sodium chloride, magnesium sulphate, oleum ricini, lithium bromide.

7. Give the specific indications for: *Gelsemium*, *aconite*, *macrotis*, *nuxvomica*.
8. What is a triturate, an alkaloid, confection, troche, suppository?
9. Name an antiphlogistic, an escharotic, a galactagogue, a sialagogue, a hepatic, an anthelmintic, and tell how to apply each.
10. Name ten drugs you rely mostly upon, and for what pathological conditions you prescribe each.

## THERAPEUTICS.

1. What is disease?
2. What is specific medication?
3. Give the different modes of administering medicines, and how they cure disease.
4. Diagnose a malady, give the *modus operandi* of its cure and the remedies used.
5. Give the physiological and curative action of opium, strychnine, and quinine.
6. What remedy would you administer in albuminuria, cyanosis, edema?
7. Name the specific pathological indications for *lobelia*, *bryonia*, *rhus tox*, *ipsecac*, *pulsatilla*?
8. Describe *blenorragia*, *cephalalgia*, *odontalgia*, *pericarditis*, *endocarditis*, and give remedy for each.
9. How is malaria contracted, pneumonia, erysipelas?
10. Give the distinctive tenets of your system of practice, compared with other recognized schools of medicine.

## PRACTICE OF MEDICINE.

1. Interstitial hepatitis—give etiology, symptoms, diagnosis and treatment.
2. Pneumonia—pleuro, lobular and broncho—give etiology, diagnosis, and treatment of the three different forms.
3. Typhoid fever—give etiology, symptoms, diagnosis, and treatment.
4. *Scarlatina*—maligna and simplex—give etiology, symptoms, diagnosis, and treatment.
5. *Rubeola*—give symptoms, diagnosis and treatment.
6. *Scorbutus*—give etiology, symptoms, and treatment.
7. *Diphtheria*—give etiology, symptoms, diagnosis, and treatment.
8. *Erysipelas*—give etiology, symptoms, diagnosis, and treatment.
9. *Septicemia*—give etiology, symptoms, diagnosis, and treatment.
10. Malarial fever—give etiology, symptoms, diagnosis, and treatment.

## SURGERY.

1. Differentiate between concussion and compression of the brain.
2. What is a fracture? Give in a concise way the process of repair in fractures.
3. What is *asepsis*?
4. Mention the different kinds of fractures.
5. Treat a gun-shot wound of the abdomen.
6. Give in detail the method of giving an intravenous saline infusion. In what surgical condition indicated?
7. Make a diagnosis of *hydrocele*, and give palliative and curative treatment.
8. Give symptoms of *strangulated hernia* and your treatment to overcome the same.
9. Give technique of operation for *suprapubic cystotomy*.
10. What condition renders amputation of an arm or leg necessary?

## EYE, EAR, NOSE AND THROAT.

1. What is *iritis*, and what would be your treatment?
2. Give symptoms and treatment of *mastoiditis*.
3. How would you treat *granular conjunctivitis*?
4. What is *cataract*, a *leucoma*?

5. How would you treat chronic catarrh?
6. What is keratitis?
7. Name the different conditions indicating the operation of iridectomy
8. Give treatment for tonsillitis.
9. What would be your treatment for diphtheria?
10. How would you proceed in operation upon the mastoid?

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## SETON HOSPITAL REPORTS.

PROF. L. E. RUSSELL, SURGEON.

CASE 74.—Dr. William Rauch, of Johnstown, Pa., brought to the hospital recently a young married woman about 35 years of age, who within the last six months had developed manifest mental lesions, indicative of an approaching insanity. She was somewhat anemic and complained of pelvic pains. On examination we found a very small and pinched condition of the uterus with enlarged tubes and ovaries. After consultation it was deemed best to do a vaginal hysterectomy for the purpose of bringing about a speedy menopause, as at the menstrual period there was much aberration of mind.

The patient was prepared for two or three days, and when thoroughly anesthetized a vaginal hysterectomy, after the method which has been often described in the JOURNAL by the writer, was performed with possibly a little improvement in the dealing with the trauma of the round ligaments and tubes. Around these tissues we strangled the same with catgut; which, on the completion of the operation, was drawn down into the cervico vaginal incision, and there sutured with chromocised catgut.

This method is to be commended in those cases where there is danger of vesicocele; and also because it effectually brings from the pelvic cavity all trauma and drainage, and places it practically extra-pelvic.

The patient made a speedy recovery, and after the third day seemed bright in mind and jolly, with the assertion that she felt so much better physically and mentally than she had for the last six months. Her recovery was uneventful, and she returned home three weeks after the operation.

CASE 75.—Three patients referred by Dr. William Rauch, of Johnstown, Pa., all of them of considerable interest. Their conditions will be recited as speedily as possible, so that the reader may be the judge of the results.

Miss M., twenty years old, enjoyed good health until the beginning of the menstrual life, at which time during the menstrual period she suffered greatly in the right iliac region, oftentimes requiring the use of an opiate to control the pain. Upon bimanual examination an enlarged condition of the ovary and tube was very plainly outlined. It was therefore deemed proper to make an abdominal incision and

deal with the condition after the abdomen was opened. But just prior to doing the preparatory, a vaginal examination was made, when it was found that all of the utero cervical tissue was completely denuded, the parts looking not unlike the ulcerating surface of a granulating wound.

It was considered advisable to dilate the uterine cervix, and do a curettage before opening the abdomen. The endometrium was found greatly diseased, yielding under the thorough scraping of the curette an excessive amount of diseased tissue.

The abdomen was now opened, and the right ovary and tube, greatly enlarged and adherent, were carefully dissected loose and brought up into the line of the incision; when the abscess wall of the ovary gave way, spilling a gill or more of fluid into the pelvic cavity. This was carefully sponged out with salt water, and with dilute peroxide of hydrogen, with a little bi-carbonate of soda added. The ovary and tube were ligated as closely to the cornu of the uterus as possible by means of the silk thong, after the manner of the Staffordshire knot. I like this method of ligating the enmassed tissue, as I find it helps to hold and immobilize the uterus, and at the same time prevents the slipping of any of the tissues of the broad ligament, leaving traumatic conditions within the pelvic cavity that would invite disaster by intestinal adhesions.

The second patient furnished the clinic by Dr. Rauch had been operated upon twice within the last year. At the second operation there were intestinal adhesions; and a fistulous tract had followed out the line of the abdominal incision, producing an artificial opening which, under the care of the other surgeon, had failed to close, and was of course a source of great discomfort.

After the patient was anesthetized an elliptical incision was made, taking within its field all of the scar tissue caused by the other operation. Both ends of the ellipse were dissected upward, until the fecal fistulous tract became central in the elliptical tissue. The dissection was then made circular about this fistulous tract, until the intestine was reached; then an elliptical incision was made in the intestine, freeing all of the scar tissue; the wound of the intestine sutured with chromotized catgut, imprisoning serous coat to serous coat; and over all a patch of omentum was made a prisoner.

It has been customary in these conditions within twenty four hours to administer a medium-sized dose of sulphate of magnesia, followed two hours later by a high enema of soap-suds water, one pint; glycerine, four ounces; turpentine, one dram; for the purpose of preventing the accumulation of intestinal gases, and to anticipate any paralysis of the injured abdominal viscera.

The third case presented by Dr. Rauch had been twice operated upon on account of double cervical lacerations. The failure to get union in this case was on account of a thorough removal of the scar tissue; and after each operation the patient had suffered greatly from



metritis and inflammation of the uterine appendages. The dissection of the cervical scar tissue required the removal of nearly one inch in width on either side of the cervix. The abdomen was opened before the conclusion of the operation, and a sarcomatous condition of both ovaries required their removal.

At the time of writing this report, four days following the operations, the patients all are doing nicely; bowels have been freely moved, and temperature only one degree above normal.

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## EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

### PHARYNGEAL TONSIL.

*Synonyms.*—Luschka's tonsil, adenoids, adenoid vegetations, discrete tonsils.

The pharyngeal tonsil is a normal gland from the average age of three years to about fifteen or sixteen years, when atrophy usually occurs. No inconvenience is noticed unless the tissue becomes hypertrophied, when there will be impeded nasal respiration. In some few cases the hypertrophy seemed to be congenital or occurred soon after birth. An early recognition of enlargement of Luschka's tonsil is important, as the normal development of the nasal structures and the palatal portion of the superior maxillary depends upon normal respiration. Not only is the bony portion influenced, but the alæ nasi and their muscles as well.

If the disease is not recognized before the bony structures are firmly united, operative measures will only give partial relief, and the patient may remain a confirmed mouth breather. The superior maxillary arch is usually abnormal, being highly arched, and the upper teeth are decidedly deformed. The "inherited tendency" to adenoids is usually the family nose with its narrow openings and narrow nasal cavities. Unilateral obstruction may sometimes occur.

Adenoids comprise not only hypertrophy of the pharyngeal tonsil, but the closed follicles of the posterior and postero-lateral walls of the nasopharynx.

*Etiology.*—As a rule the morbid condition is not present before the age of three years, and it may become pronounced at any time before twelve years. Usually physiological atrophy should take place between the ages of ten years or sixteen years. Sex is not a factor. Hereditary taints, general debility of the system, as well as the family nose may be factors. Climatic conditions, such as sudden changes of temperature or an excessively damp atmosphere, are especially favorable factors. Probably on account of irritating vapors the children in cities are more often affected than those living in the country. Purulent rhinitis or the infectious diseases may also be ex-

citing factors. The uric acid diathesis is also accredited with being a cause. Disturbances of the alimentary canal, when disease or the irritation caused by intestinal parasites or indigested material will cause turgescence of the nasal and naso-pharyngeal tissue. Renal or pulmonary affections have been supposed to be an exciting cause.

*Pathology.*—Histologically the normal gland shows the same characteristic structure as other glands of the same type. The pathology varies, as there are practically four types.

The soft variety is that of a smooth, semi fluctuating mass, distributed over nearly the entire nasopharynx. Atmospheric changes and the general health of the patient influence the condition. The growth is composed mostly of lymphoid tissue, covered with a thin layer of epithelium, having an illy formed basement membrane and submucosa. This type is friable, being easily broken down with the finger.

The edematous or cyanotic type is practically due to venous stasis and edema, without much increase of gland structure. This form is associated with either intestinal irritation or systemic circulatory wrongs. Children having intestinal worms are most frequently affected with this type. The growth is smooth and tense, but readily compressible.

The hyperplastic or hard type has an increased amount of connective tissue elements, as well as an increase of lymphoid material. The mucous membrane covering usually consists of several layers of epithelial cells. The surface is lobulated but smooth to touch.

There is another hard form which results from inflammatory conditions of the lymphoid and connective tissue structures, followed by slight contraction. This form may be secondary to inflammatory action in the nose or nasopharynx, or from the use of the thermo or galvano-cautery.

The appearance of these lesions varies according to the stage. In children it is usually impossible to get a view of the tissues by posterior rhinoscopy on account of the small nasopharynx. Examination with the finger is the only sure method in these cases. Frequently the gland tissue just back of the posterior faucial pillars is enlarged, and usually it is secondary to the hypertrophied pharyngeal tonsil. This lateral tissue nearly always disappears after the adenoid operation.

The so-called recurrent cases, after an operation, are generally the result of hypertrophy of tissue not removed, rather than a reformation at the original location.

When hyperplastic or inflammatory changes have occurred in the pharyngeal tonsil, atrophy seldom takes place, so the tissue remains enlarged after the age for physiological atrophy, and may continue to adult life or even old age.

*Symptoms.*—The clinical features do not vary particularly from those found in any nasal obstruction, only they are more pronounced,

and permanent alteration of adjacent structures is more frequently seen. The expressionless face is quite characteristic. The prominent upper lip, chin receding, bridge of the nose broadened, and the mouth usually open, all imparting a stupid look to the patient which is almost always present. The child is usually unable to concentrate its mind for any length of time. The hearing is generally impaired. There is an aversion to active sports, an irritable temper, sleep disturbed, and after a variable time a debilitated condition of the system.

Allen and Cohen attribute the mental inactivity as possibly being due to lymphatic or circulatory changes between the brain and nasopharynx. Another explanation for this condition is the lack of ventilation to the frontal lobes of the brain through obstructed nasal respiration. If the postnasal obstruction is slight, there may be nasal respiration during waking hours, and mouth breathing only at night, the child simply complaining during the day of irritation in the throat, the exciting cause frequently being undetected. The usual symptoms of pharyngeal and laryngeal irritation will be noticed. The development of the physical system will also be retarded.

The character of the voice is changed, the so called "nasal twang" becoming more and more marked, the letters m, u and ng being especially difficult to pronounce. Earache and deafness are common symptoms. Epistaxis, most frequently at night, often occurs, but is not often profuse. If the growth extends well down in the nasopharynx, and the gland tissue of the lateral walls is enlarged, there is often difficulty in swallowing fluids, causing choking.

The faucial tonsils often become enlarged, the velum and uvula relaxed and the glands at the angle of the jaw enlarged. Gastric complications are common. Frontal headache, eyes dull and the conjunctiva often congested are frequent symptoms, the sense of smell and taste usually impaired. It is not often all of these symptoms are present in one case, but more or less of them will be.

*Diagnosis.*—Usually not difficult, remembering the facies, irregularity of the teeth, and associated lesions of the ears, pharynx and larynx. A digital examination will confirm the diagnosis.

*Prognosis.*—This will depend largely upon the time of recognition of the disease.

*Treatment.*—This will depend largely upon the type of the obstruction, but prompt relief should always be given. If the enlargement is of the edematous form, the result of intestinal or gastric irritation, the removal of the irritation will generally give quick relief to the nasal symptoms. If there are cardiac wrongs, the proper remedies will also relieve the edematous condition.

The soft variety can easily be crushed with the finger, and whether advisable to lacerate the tissue to any extent must be determined in each individual case. I believe it best to give enough general anesthesia to keep the child quiet. The operation in itself is not painful, but the child will be frightened more by the gagging pro-

duced than by the actual operation. Partial anesthesia is all that is required. There is not much hemorrhage in these cases, and the slight inflammatory action following will soon subside with absorption of the mass. The hands of the operator should of course be thoroughly cleansed before operating.

In the hard varieties, operative measures only will give relief. The question of anesthesia always must be considered. Individually general anesthesia with chloroform is preferred, the extent depending upon the amount of time likely to be required. If the faucial tonsils are enlarged and require removal, this should be done before the adenoid operation.

After the patient is anesthetized the mouth gag should be placed in position, and the patient placed so the head will hang over the edge of the table, or if on an operating table, a modified Trendelenburg position may be used. The postnasal space should be carefully examined with the index finger before attempting to operate. The curette is then introduced, using the index finger of the unoccupied hand as a guide. The curette at first should be carried into the nasopharynx well forward toward the choanæ, until far enough up to engage the mass, then with a sweep of the blade bring away the tissue in the median line. The operation is repeated on each side, always guiding the instrument and being careful not to injure the tissues about the openings of the Eustachian tubes. In some cases where the amount of tissue is small and high in the pharyngeal vault, the small curette recommended by Kyle, using it through the nose and guiding as with the Gottstein curette, can be used to advantage.

There is little danger of secondary hemorrhage, excepting where there are anomalous vessels or the patient is a bleeder. If a persistent hemorrhage does occur the nasopharynx may be packed with gauze or cotton tampons until the bleeding stops.

In the majority of cases no local after treatment is employed. The patient is usually kept quiet for a few days, and usually hydrastis and phytolacca given internally. If local measures are necessary an alkaline wash is used.

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## PERISCOPE.

### THE REMEDIES NOW COMMONLY USED BY ECLECTICS.

At one time I asked each of the readers of the Chicago Medical Times to furnish me with a list of those remedies which he found most in demand in his practice, and which he considered most important. At first it might seem a formidable undertaking to compare hundreds of lists which might be of indefinite length; but we were confident that no lists would be long. In proof of this, several included less than sixty agents, many did not name eighty, and the majority did not include one hundred. It proves what we have constantly stated,

that a few remedies thoroughly understood are all that a successful physician needs.

This investigation proves the breadth of the research of the members of our school, and proves them to be eclectic in the broadest sense of the term. They delve into homeopathy, study the action of the alkaloids, apply Schussler's principles, are thoroughly conversant with all the modern methods of the old school—all in addition to a thorough and complete understanding of the principles of specific medication. This certainly gives us a superior advantage, and entitles us to our specific identity among the schools of medicine.

In comparing all the lists, we find that aconite and belladonna were the only ones named on every list. One hundred per cent. of the reports stated the importance of these two remedies.

Ninety per cent. of the reports included the following agents: Cimicifuga, gelsemium, cactus, ipecac, nux vomica, veratrum, thuja, and pulsatilla.

From seventy-five to eighty per cent. included apis, apocynum, bismuth, bryonia, baptisia, chionanthus, chloroform, dioscorea, digitalis, eryngium, ergot, hydrastis, jaborandi, lobelia, opium and its salts, podophyllum, passiflora, phytolacca, rhus tox, quinine, and viburnum.

The majority agreed upon the importance of the following agents: Acetate of potassium, asclepias, aepsin, aloes, borate of sodium, boracic acid, bromide of potassium or sodium, buchu, colchicum, collinsonia, chamomilla, cuprum, colocynth, chelidonium, calendula, carbo-veg., capsicum, carbolic acid or creosote, cascara sagrada, cinnamon, chloral, chloride of ammonium, coto, cajuput, drosera, epilobium, echinacea, elaterium, euonymus, erygeron, gossypium, grindebia, guaiac, geranium, hyoscyamus, hamamelis, hydrogen peroxide, hydrochloric acid, hydrobromic acid, helonias, iodide of potassium, iris, iodine, iodoform, ignatia, leptandra, lycopus, lithia, lycopodium, monobromate of camphor, nitroglycerine, neutralizing cordial, oxygen, eonothera biennis, phosphorus, pepsin, potassium salts, including the permanganate, peppermint, phosphate of iron, sodium and calcium and phosphoric acid, sticta, salix nigra, staphisagria, sanguinaria, sodium salicylate and salicylic acid, subgallate of bismuth, sulphide of calcium, sulphonal, santonin, saw palmetto, sodium sulphite, strychnia, strophanthus, sodium bicarbonate, stillingia, scutellaria, spirits nitric ether, tannin, turpentine, triticum repens, rumex crispus, rochelle salts, rhus aromaticus, resorcin, uva ursi, ustillago maidie, verbascum, vaseline, xanthoxylum, zinc sulphate and sulpho-carbonylate.

This total includes about 140 different remedies. We are safe in saying that seventy per cent. of the Eclectic school of medicine depend upon the above remedies. Outside of this list a doctor might have a dozen other agents which he finds use for once in a while, each for a single condition which only occasionally occurs. On the other hand,

but few use the entire list here given. It includes those agents which the physician of our school uses constantly, and many which perhaps he would not use half a dozen times in a year.

The reports showed that the writers varied in the use of the different acids, the potassium, sodium and ammonium salts, and general and local anesthetics; also in the use of antiseptics, unguents, and general tonics and digestives. One of the reports named twenty-six agents in the form of alkaloidal granules. Quite a number use the entire twelve of the Schussler remedies, and nearly all use some of the homeopathic remedies up to the third potency occasionally.

There is no doubt that a thorough knowledge of less than 200 agents selected without reference to medical school or theory, will give the possessor skill in the practice of medicine equal to the most skillful. Those agents must be selected which have the most direct action, and the physician must be a thorough student of pathology and a most careful diagnostician in order to correctly apply the agent for the most direct exercise of its specific function.

It is foolishness in the extreme to expect to obtain a practical knowledge of the thousands of remedies named in the dispensatory; but occasional reference to them, and a comparative study of the action of those operating in similar lines, will always be beneficial.—*Chicago Medical Times*.

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#### “Treatment Kills.”

It may be well for physicians and health authorities to talk loud and learnedly, to issue “scare” notices, etc., about that dread disorder that is so rapidly depopulating the country. We refer to typhoid fever. You know such procedures tend to keep the attention of the people off of that greater pestilence, pneumonia, and the way the physicians handle it. It slays its tens of thousands for about six months in the year, while typhoid fever destroys its thousands for about three or four months.

The Michigan Monthly Bulletin of Vital Statistics for December last is a noticeable example of the above referred to clouding of the horizon to hide the greater evil, and the making very prominent of the less. It reports for the month of December, in the State of Michigan, 2,942 deaths from all causes. And of this number 376 were due to pneumonia, or nearly 13 per cent. From typhoid fever there died 48, or not quite 2 per cent., and yet the greater part of the Bulletin, outside of statistical and other State matters, is filled by a lingo upon typhoid fever. Why does it not help to overcome that six-times deadlier foe by suggestions to physicians and the people? The “great white plague,” consumption of the lungs, is credited with 158 victims. This is certainly a case of overlooking the ninety and nine for the one. Pneumonia should not be a deadlier disease than typhoid. Treatment kills!—*Dr. W. E. Bloyer in Medical Gleaner*.

**UNNECESSARY WEARING OF GLASSES.**

For a great many years much has been said and written about the benefits of glasses in various conditions referable to the eye and its neighboring parts, and much relief from headache and eye pains has followed education in this direction. There are thousands of martyrs to the sufferings caused by uncorrected errors of refraction and of the ocular muscles; but it is also true that many unnecessary pairs of glasses are worn because they have been prescribed for the relief of symptoms which they could not possibly remove.

It would be absurd to underestimate the value of glasses, not only in the improvement of vision, but also in the relief of pain and discomfort referred to the eyes and head, and often in the indirect benefit to the general health. But enthusiasm in prescribing glasses ought not to allow us to overlook or ignore the existence of local conditions of the lids which are often responsible for various symptoms conveniently included in the term *asthenopia*. There are many instances in which discomfort after close work is not due to eye-strain but to conjunctivitis; the latter may appear insignificant and yet may be sufficient to cause the symptoms on account of which, not infrequently, glasses are unnecessarily worn, as will be proven by the relief following local treatment of the conjunctival affection.

Glasses can never be regarded as ornaments; they are always more or less of a handicap to the personal appearance; they should not be inflicted upon patients unless they improve vision or correct an *ametropia* which is responsible for annoying symptoms.

The greatest number of instances of the misuse of glasses is furnished by the so-called prescribing optician, who is naturally merely interested in the quantity of glasses which he can sell. But even in legitimate prescribing it is well to remember, that although a small amount of *ametropia* often causes disturbances which are promptly corrected by the wearing of glasses, abnormal conditions of the conjunctiva, even though they are unaccompanied by marked changes, may be responsible for symptoms incorrectly attributed to eye-strain, and that in such cases the relief from discomfort by local treatment of the lids will be particularly appreciated by the patient, because it will save him from the unnecessary wearing of glasses.—*The Daily Medical*.

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**The Treatment of Nevus, or Birthmarks.**

A simple and safe method of treating nevi and port wine marks consists in exerting pressure around the nevus by an encircling ring in order to arrest the circulation to and from the part, and then slowly inject five to seven minims of rectified spirits of wine with an ordinary hypodermic syringe. The result is to harden the tissue and to cause the nevus to shrink and disappear. In treating nevi of large dimensions more than one injection could be given at the same sitting, or at

short intervals of time in different parts of it; the absorption in one part could be taking place while another part was being prepared, bearing in mind the effect of alcohol upon the system. This method has the advantage of being easy of application, and there are few practitioners who are not possessed of all the material needed; if not, it is readily procurable, and with ordinary care it will not, I think, prove dangerous. Care must be used that the syringe is perfectly void of air before injecting the agent.—Dr. T. H. Holgate in *Pediatrics*.

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#### **Sewage Bad for Germs.**

Typhoid germs will not live more than two days in sewage polluted water, nor more than ten days in pure water.

To pollute water with sewage is to aid in its purification from typhoid germs.

Typhoid germs cannot be carried for a long distance in running water.

These theories, which are contrary to the accepted belief regarding the longevity of germs, were recently advanced by Prof. Edwin O. Jordan, of the biological department of the University of Chicago, an expert witness in the interstate canal case before United States Commissioner Bright. It is believed they may win for Chicago the legal controversy over the drainage canal, involving the state of Illinois and the sanitary district, and that Missouri's application for an injunction, restraining the emptying of water from the canal into the Mississippi river, will be denied.

Tells of his experiments: "The toxic solution thrown off by the saprophytic organisms is sufficient to kill all such parasitic organisms as typhoid fever germs," declared Prof. Jordan. "In my experiments I examined 1,166 colonies of bacilli which appeared in the cultures, and in only three cases did any typhoid germs develop after two days. Those three cases came after ten days, and are easily explained by the fact that the germs, on being poured out of the parchment sacks in which the infected water was held, dried on the sides of the neck, and later washed out when water was taken from them.

"In one case I examined water which I had polluted with typhoid germs to the extent of 857,000 to each cubic centimeter, and after two days every one of these germs had disappeared."

Prof. Jordan's views are indorsed by Dr. W. K. Jaques, formerly city bacteriologist, and Drs. Adolph Gehrmann and W. A. Evans, of the Columbus laboratories.

It has been held in the past that typhoid germs would live weeks, and even months, in water under such conditions as existed under the experiments made.—*The Daily Medical*.



## INTERNAL MEDICATION FOR DIRECT REMEDIAL EFFECTS\*

At the American Medical Association in May last, Dr Solomon Solis Cohen, in his address as chairman of the section of Materia Medica, Pharmacy and Therapeutics, said: "Under all circumstances it must be kept in mind that neither morbific agents nor remedial measures add anything to the powers possessed by the body. They alter, they invoke the natural actions and reactions—the vital processes of disease and recovery; but it is the living body that determines the nature of the process of recovery."

Admitting this, it matters not whether Byron Robinson ("The Abdominal Brain": The Clinic Publishing Company, Chicago, 1899) is right when he claims that the ganglionic system generates a form of nerve force separate and distinct in character from that generated by the cerebro-spinal system; or Schofield ("The Force of Mind": Churchill, London, 1902) that the functioning of organs are all manifestations of unconscious mind, for it will hardly be questioned that the ganglionic system is the agent through which life influences the functions of organs."

When Hahnemann, as a regularly educated physician, announced his ideas of therapeutics (*Similia similibus curantur*), the profession had been for a long time a unit in pursuing methods of cure that are now universally condemned. When he proceeded to demonstrate that this idea had an element of truth in it by his success in treating disease, he met a storm of opposition, if not persecution, which caused him to narrow curative measures down to this one idea, which resulted in the extraordinary absurdities of his later teaching. While this idea is undoubtedly sometimes seemingly true, it has never been proved to be universal, as claimed by him and his followers. It would be too much to ask this proof, did they not assert its universality so strongly, and treat with disdain every remedial measure not originating in it. At the same time it is difficult to see why we should not admit its seeming truth and utilize their ideas and methods for the relief and cure of our patients in so far as they may be found useful.

Again, in the early sixties of the nineteenth century, C. J. B. Williams, a highly educated regular physician, published his principles of medicine, in which he clearly enunciated the idea that disease was an excess, a defect, or a perversion of normal life. Although this work of Williams was so notable that it was widely adopted in medical colleges as a text-book, this idea of his did not impress the profession as it should. Some ten years later, however, one Scudder, a practitioner of the methods of Thomson, the basis of whose treatment consisted in excessive emesis, diuresis, diaphoresis and purgation, induced by poisonous doses of lobelia and steam baths, re-enunciated Williams' idea in this way: "Disease is wrong life, wrong life is excess, defect or perversion." Adding to this the intensely practical

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\* Read before the Canadian Medical Association, by Geo. M. Aylsworth, M. D.

corollary that the medicines needed to cure excess were sedatives; defects, stimulants; perversion, alteratives; and then inventing the phrases "specific diagnosis" and "specific medication," he became the founder of a new school of medicine—the eclectic having now about 10,000 adherents.

That these ideas were steps toward direct medication and advances in therapeutics there can be no doubt, but their promulgators meeting the same reception from regulars and homeopaths as had been accorded Hahnemann by the regulars, shut their followers up to these ideas, antagonizing all other work in the therapeutic field, at the same time claiming the broadest eclecticism.

The writer hopes that the mentality of the mass of the profession in the three schools has sufficiently developed in this time to ignore these narrow vistas, and to adopt what is useful from all sources without prejudice. How the refusal to do so proves, even now, a brake upon the wheels of therapeutic progress can best be elucidated by reviewing the different measures employed by the three schools in the treatment of some common disease.

Selecting colic at random, we find that Gould defines colic as "spasmodic pain in the abdomen." Intestinal colic is due to irregular and violent contractions of the muscles of the bowels. Byron Robinson says these contractions are controlled by Auerbach's ganglia through the plexus mesentericus. C. J. B. Williams says disease consists of excess, defect or perversion of normal life, necessitating, according to Scudder, sedation, stimulation, or alteration for cure.

Intestinal colic, then, is either perversion due to excess, or perversion due to defect in the nervous energy generated in Auerbach's ganglia. Experience has shown that medicines making directly for the correction of these two distinct conditions are by far the most successful in the treatment of intestinal colic.

Why are they not adopted by all practitioners of medicine? The query is a fair one, for we have men in each school of equal honesty, energy, mental grasp and self-sacrificing devotion to curative measures, who not only cannot indorse each other's conclusions, but are inclined to think each other dishonest because they cannot.

Leaving aside causes of deranged nerve force, such as the ingestion of too many green apples, which, of course, must be removed, let us glance at the treatment of intestinal colic. The regular schoolman would relieve his patient by using morphia, which only reaches the condition to afford relief by paralyzing sensation, which is a function of the cerebro-spinal nervous system. This means that the force from Auerbach's ganglia may still be acting abnormally, but owing to the paralysis of sensation due to the morphia, the brain is unable to report the condition to the patient's consciousness. This is almost an exact parallel to the use of chloroform in labor, where painful uterine contractions continue to the end of accouchment, but the pa-

tient does not know it because the chloroform does not permit the nerves of sensation to perform their duty.

The homeopath would prescribe colocynth in a minute dose (3x to 30x dilution) because he knows that in a large dose it will produce similar symptoms. When colocynth fails, as it often will, he may adopt the eclectic remedy, *dioscorea villosa*, with but moderate success, because he gives it in too small a dose (1x to 1 gtt. of the tincture).

The eclectic would prescribe the *dioscorea* in large doses (5 to 30 min. of the tincture), because the adherents of the school have found it efficacious. When it fails, as it often will, he prescribes with prompt success the minute dose of colocynth, because he has known homeopaths to prescribe it successfully. Colocynth and *dioscorea* act directly upon Auerbach's ganglia, and when they succeed they do so at once, without apparent effect upon the economy beyond relieving the painful contractions permanently.

These three methods of treatment of the conditions known as intestinal colic are all seemingly successful. What is the explanation? The cause within the organism of the condition is either the defect or excess of function in Auerbach's ganglia to a point that causes them to lose control of the rhythmic muscular action in the intestines. The regular school treatment is not directly curative at all. It merely deadens the pain, enabling the patient to endure it long enough to let the disturbed nerve force recover itself, as it naturally tends to do. The morphia does not increase this tendency, but makes the patient comfortable for the hours or days nature requires to accomplish the cure without assistance.

The colocynth of the homeopath meets a depressed nerve force and directly stimulates it until it reaches the normal, the extremely minute dose being a safeguard against overstimulation, for, as is well known, a sufficiently large dose would produce the difficulty if absent, or increase it if present.

The *dioscorea* of the eclectic meets an excited or excessive nerve force and directly sedates it to the normal, the large dose being useful to produce the effect quickly.

In these instances colocynth and *dioscorea* are *directly* curative, morphia is not.

In the use of colocynth the homeopath and eclectic are on equal terms, because the eclectic adopts the minute dose of the homeopath. In the use of *dioscorea*, the homeopath is heavily handicapped by his faith in dynamization, and the resultant minute dose, for if he does not fail completely with it, it takes him much longer to cure than it does the eclectic with the much larger dose, which the homeopath refuses to adopt.

If you will, for the sake of argument, admit that the foregoing views are sound, you will be able to see that while each of the three schools may have therapeutic truth, neither one of them has the

whole of it. And if you will reason the matter out from the foregoing data, you will understand why it is so difficult for one schoolman to influence the adherent of another school. A regular schoolman, called to a case of intestinal colic, due to depressed Auerbach's ganglia, knows that morphia will relieve, but is not directly curative, and is more or less injurious. Possibly he also knows that eclectics claim that dioscorea cures colic. He therefore gives the latter remedy for several hours, with absolutely no effect, if (because he has a depressed nerve force) he is fortunate enough not to have made his patient worse. Disgusted he gives a hypodermic of morphia, with the prompt effect of relieving the pain, and confirming himself and his patient in their belief in the beneficence of regular school therapeutics. Later he is called to another case of colic, due this time to an *overstimulated* Auerbach's plexus. In the meantime, in his search for something better than morphia, he has learned that homeopaths use with success minute doses of colocynth for colic. He administers it faithfully, with results similar to those he obtained when he gave dioscorea. But he is quite oblivious to the fact that though the diseases in both cases are called colic, the conditions present are diametrically opposed to each other. Now, homeopaths and eclectics might as well try to batter down Gibraltar by butting it, as to try to convert a regular schoolman, who has had his experience, to their way of thinking about colocynth and dioscorea, unless they can present some better arguments than they have hitherto been able to do. He has but one reason for his obstinacy, nor wants nor needs any better—"I've tried 'em both, and they are no good."

A homeopath is called to a patient with colic due to an *overstimulated* Auerbach's plexus. He knows that colocynth in minute doses will *sometimes* cure colic, and persists in its administration without benefit until his fear of dismissal from the case induces him to try dioscorea. His training and his faith in dynamization teach him erroneously that if dioscorea will cure at all, it will do so in the minute dose. He therefore gives it in the first or higher dilution, instead of from five to thirty drops as an eclectic would, and he meets with absolutely no results. In this instance, at least, his theory of dynamization fails him, but instead of realizing the fallacy of his theory, he is filled with disgust for eclectic therapeutics. If a *true* homeopath and honest, regular school therapeutics are, of course, entirely out of the question.

An eclectic knows that dioscorea *sometimes* cures colic, but when it fails because of a depressed Auerbach's plexus, he tries colocynth in the homeopathic dose with success, knowing little and caring less as to the reason why. But when a regular schoolman urges him to try morphia, and points out its beauties when introduced through a hypodermic needle, he laughs him to scorn; and, if pressed for his reason, exclaims: "What! make my patient drunk with morphia to cure cramp? I don't have to."

Is it not clear that narrowness of view dissipates energy and progress in this instance?

While the facts just presented can easily be substantiated, the reasons adduced for their existence, as far as the writer is aware, are original with him, and as the use of colocynth in the minute dose and the use of dioscorea in any dose may not be familiar to some, it may be wise to illustrate the principle involved by as old and respectable a drug as ipecacuanha. The laity, as well as all three schools of medicine, have long been familiar with its power to produce emesis, in large doses. It was this power that induced Hahnemann to use it to cure vomiting in the minute dose. This use of it was made widely known to the regular profession twenty or more years ago by Sidney Ringer, and has been adopted by both regulars and eclectics. The *U. S. Dispensatory* says that "Ipecacuanha, in small doses, is a stimulant to the stomach."

We will now assume a normal organism, and begin to administer the drug in gradually increasing dose. At first the dose is so small that no appreciable effect is produced, but at a certain point, as the dose is increased, a sense of warmth is experienced in the stomach. As the dose continues to increase, we have successively nausea, secretion of mucus, emesis, paralysis of overstimulation, the last effect being used medicinally by regular schoolmen to relieve dysenteric tenesmus. Now, assuming we have an organism in which the nerve force in the stomach is depressed enough to produce nausea and vomiting, we will begin to give ipecacuanha. In the minute dose which, in the normal organism, produced no appreciable effects, its stimulating or irritating action gradually raises the nerve force in the stomach to the normal, and nausea and vomiting ceases. Increase the dose and they will be reproduced from an overstimulated condition of the nerve force.

Ringer wrote in his handbook: "Few remedies are so efficacious as ipecacuanha in checking certain forms of vomiting." As to the kinds of vomiting, he says that in adults they are (1) vomiting of pregnancy; (2) nausea and vomiting during lactation; (3) nausea and vomiting at menstrual periods; (4) the morning vomiting of drunkards; (5) morning vomiting of general weakness, met with in convalescents. Hare, in his "Practical Therapeutics," p. 235, 1897, confirms these observations. The one etiological element which is common to all these conditions, is the depressed nerve force of the stomach, manifesting itself by nausea and vomiting. Ipecacuanha, through its local stimulating effects, removes this etiological factor and thus makes directly for cure in all these conditions, so long as the dose is kept just too small to stimulate the stomach beyond the normal, producing overstimulation. In the latter event the symptoms would be reproduced.

Should the nausea and vomiting be caused in the first instance by an irritant, overstimulation is already present, and therefore ipecac-

uanha, in any dose, is useless as a means of relief, if it does not increase the difficulty. If this be true of ipecacuanha, there are many drugs that act on the same principles. Does there seem to be any good reason why all three schools should not adopt all three methods of administration, where the interests of the patient dictate, and the characteristics of the drug permit, in the same way that ipecacuanha has been adopted?—*From the Canadian journal of Medicine and Surgery.*

#### Treatment of Pneumonia.

In an instructive article on the treatment of pneumonia, Dr. M. M. Hamlin, editor of the *American Medical Journal*, says:

"The best thing to do is to give these cases Eclectic treatment, pure and simple, with good hygienic surroundings, and very few will die.

That some of these cases will die is quite certain under the very best and apparently most favorable circumstances, but the vast majority of the cases should recover. The following is a partial list of remedies usually indicated in these cases: Aconite, ipecac, asclepias (tub.) mur. ammon., phytolacca, bryonia, gelsemium, belladonna, and ferrum phos. 3x. Ferrum phos. (3x) 3j, bryonia gtt. x, and phytolacca gtt. xx, water 3iv, teaspoonful every hour, will meet and control as many cases as any other single prescription that we know of."

#### Radium and its Therapeutic Effects.

Anderson (*British Medical Journal*, December 12, 1903), concludes an article on "Radium and its Therapeutic Effects" thus:

"It is evident that the salts of radium have a therapeutic effect. These results have been, in my experience, in lupus and rodent ulcer, for the most part as yet in limited lesions, and where the agent could be applied directly to the affected part. The indications would point further to its being useful in the same class of affections as are at present being treated with the X rays, Finzen light, or high-frequency currency; thirdly, that the experiments so far do not justify the comparison between the salt of radium and other agents; and lastly, that what is wanted at present is further investigation into the physiological and other properties of the different radium salts."

THIRTY FOUR States allow dissection of the human body. Nineteen have liberal acts for the providing of material, fifteen have illiberal ones, and the laws of eleven States are silent as to the study of anatomy, excepting in the way of malpractice. Thirty-one States forbid the desecration of graves. In the enlightened States the lawmakers have assumed that, if the dead has no friends to pay for his burial, he has none whose heartstrings would be torn if he were dissected. So all unclaimed bodies go to the medical colleges.

## Eclectic Medical Journal.

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### THE NATIONAL.

The annual meeting of the National Eclectic Medical Association was held at Hotel Epworth, St. Louis, Mo., June 14-18, 1904. The session was called to order by President Thomas on Tuesday, at 10 o'clock, A. M. This was followed by prayer; the address of welcome and response being deferred until the afternoon.

The presence of a quorum was ascertained, followed by the roll-call of officers and the report of the Committee on Arrangements. The minutes of the last meeting were approved, and the President appointed Drs. Bloyer, McCann, and Kinnett as the Committee on Credentials. This committee deserves great credit for its pains-taking labors. After several protracted sessions, ninety-two members were recommended for admission—the largest number in the history of our organization. The Eclectic Medical Society of Indian Territory was admitted to affiliation.

The Treasurer's report was very satisfactory, showing a balance in the treasury of \$379. At the present meeting he received \$664 in initiation fees, \$665 in dues and \$50 for reinstatements, making a total in the treasury of \$1738. The Secretary's report was quite lengthy and quite interesting, and was referred to a special committee for recommendation.

In the afternoon President Thomas read his annual address, which had been very carefully prepared and was well received. It contained much food for thought, and many of his recommendations will undoubtedly be taken up by our Association and our school of medicine. Section work followed.

In the evening the Missouri State Eclectic Medical Society and the St. Louis Eclectic Medical Society tendered the Association and

visitors a musical entertainment in the Auditorium of the hotel, followed by a buffet luncheon on the roof garden.

Business sessions were held during the four remaining mornings, followed by section work, three sections convening at once, and an unusual number of interesting papers were read and discussed. The section of Practice was presided over by Dr. Best; Pediatrics by Dr. J. P. Harvill; Materia Medica by Dr. Felter; Obstetrics by Dr. Wintermute. Department of Surgery was in charge of Dr. Wilmeth. Subsection of Gynecology under Dr. R. H. King. Department of Specialties was in charge of Dr. Winter. Subsection of Eye and Ear under Dr. Daniel; Nose and Throat under Dr. Foltz.

The Advisory Committee consisted of Drs. Boskowitz, Farnum, Wilmeth, Winter, Scudder, Downs, Miles, Harvill, and Sharp. Several meetings were held and various communications considered. Several resolutions were reported for adoption, among the most important being a committee to propose the necessary changes in the Constitution of our National and State Societies, looking toward the unification of our school of practice.

There were over 500 physicians in attendance (over 200 of these being graduates of the Eclectic Medical Institute); also 300 visitors. So that while this meeting is undoubtedly the largest ever held, it also compares favorably in all other respects. The attendance on sectional work, three sections running simultaneously, was larger than the usual average, and an unusual number of papers were presented and discussed, in addition to the usual proportion submitted by title. Members soon found that the proposed arrangement of holding morning sessions only, and giving the afternoons and evenings to the Fair was highly beneficial. President Thomas, Secretary Ellingwood, Dr. Helbing, Chairman of the Committee on Arrangements, as well as the other officers, are to be congratulated on the success of this second World's Fair meeting.

The following was the result of the election; President, Dr. W. E. Kinnett, Yorkville, Ill.; 1st Vice President, Dr. L. A. Perce, Long Beach, Cal.; 2d Vice President, Dr. M. E. Daniel, Honey Grove, Texas; 3d Vice President, Dr. J. R. Duvall, Atlanta, Ga.; Cor. Secretary, Dr. H. H. Helbing, St. Louis, Mo.; Rec. Secretary, Dr. F. Ellingwood, Chicago, Ill.; Treasurer, Dr. W. T. Gemmill, Forest, O.

The next annual meeting will be held at Saratoga Springs, N. Y.



**TYPHOID FEVER.**

The season when typhoid fever is most prevalent is approaching, and it behooves us all to be ready for it as far as having some fixed ideas of its treatment is concerned. We believe it to be one of the diseases in which it is absolutely necessary for the physician to be upon the alert early—that is, the disease should be recognized in its early stages, for, in our opinion, in many cases very much harm is done in the first week of treatment by the doctor and his medicine. We should all recognize that typhoid fever cannot be aborted—at least after it has continued for a week or ten days, and the doctor is seldom called earlier, unless the case be of a malignant type and the symptoms and prostration become grave or distressing earlier than is usual. We say that typhoid fever cannot be aborted, notwithstanding the fact that we know physicians who are always telling the profession and the laity that they cure typhoid fever in ten days or two weeks; that they have anywhere from ten to twenty cases on hand, when there are *no* typhoid fever cases within miles of them. Such flim-flamming efforts may affect the gullible for a while, but as murder “will out,” so will these talk advertisers learn ultimately that their blow has lost its effect.

Treat typhoid fever specifically. When called early, if the stomach be foul or the bowels loaded, as evidenced by a dirty-coated tongue, clean them up as you would generally. Minute doses of podophyllin—not for their harsh physic effects—but as a kindly stimulant, may be given every hour with perfect safety. Or, if you prefer, a one-tenth grain of calomel may be given hourly in its stead until the tongue is moist and cleaning, the bowels moving, and there are evidences of a change. Small doses of the old eclectic anti-bilious physic are just as efficient and just as safe. This applies wholly to the early stage, long before the intestinal tract is weakened by the involvement of Peyer's patches. The two prominent features of typhoid fever, constant increase in temperature and diarrhea, are to a degree both physiological. Nature is trying to burn out what she cannot run out through the bowels, and it is just as unreasonable to try to stop the diarrhea which is a saving grace to the patient by giving astringents, thereby locking up in the bowel a poisonous mass of ferment breeding feces, as it is to try to knock down a temperature by administering sedatives. The plus temperature is not half so harmful generally as are the means of cure. The man who tries to reduce temperature in typhoid fever by giving sedatives is the man who has bad cases—the man who loses cases through heart failure, exhaustion, etc. He knocks the temperature and at the same time he knocks the sympathetic nervous system—the guardian angel of all life. Then beware of so called sedatives and astringents. The one produces heart failure sleeplessness, etc., death. The other produces tympanites, retention of poisonous ptomaines, death.

Another necessary feature in the treatment of typhoid fever is to obtain free kidney action. This applies as well to any fever ridden patient, let it be septic or other variety. Deluge the kidneys, not necessarily with diuretics, but with good, cool, pure water. It need not be a patented, or made, or charged water, simply nature's product. If the tongue be clean, the skin be open and soft, and the stomach and bowels be as they should be, water will be craved by the patient, and he can take it *ad lib.* with pleasure, and it will be absorbed, acting both as food and as medicine. Taken freely, it flushes all the sewers, it washes out the ashes and general detritus, the products of the fever, etc. It is nature's solvent and cleanser. Give plenty of water, and symptoms of uremic poisoning and grave typhoid symptoms, bad cases, will be much more rare. Use it locally as well as internally. Judicious spongings with water of the proper temperature, given in a proper way, reduce fever without increasing nervous irritation. We have seen patients made worse, very much worse, by the sponge bath. No one temperature, no one method suits every case. Vary sponge baths as you would diet or medicine, and in accord with the disposition of the patient. We have seen cases do better when thoroughly vaselined, than when water was used, as the water was absolutely disgusting to the patient, and added to the worry and fret and irritation. The oil of the petroleum ointment kept the skin soft, helped evaporation, relieved itching, burning, etc., and was a boon.

The environment of a typhoid patient should be carefully arranged. While one in health may not be in the least disturbed by noise and rush and racket, when sick it may be quite different. Again, that other extreme, a dark room, gruesome whispering, angelic tip toeing by spirit like friends and nurses, are just as bad. Let the discerning doctor do his full duty. It is best for most patients on that happy, easy mean where light and sunshine, good cheer, good sense prevail. The doctor who takes advantage of the confidence of his people by representing his case as graver than it really is, whether by look or word or action, is too despicable to belong to a noble profession. Let him rehearse his harrowing tales of many and of worse cases elsewhere than before his patient, if he must rehearse them. The doctor who comes with smile, who encourages, not taffies, who is calm, not morose, who gives his orders carefully outside of the sick room, who is the same today, yesterday, tomorrow—always cool, calm, clean, careful, confident—carries more than half the cure of his case in his personality.

The medical side of the treatment is of no less importance. There are those in the practice of medicine who think that medicine is not only unnecessary, but harmful, and that nursing and hygiene are all that is needed. These men do not know medicine, or how to use it—that is, eclectic medicine. We have just as much or more confidence in the prescribing of drugs in typhoid fever as we have in them in the treatment of any other disease. We *know* that the indicated remedy

too frequently overlooked, is infected bedding, clothing, wall paper, upholstering, playthings, etc.

The "tonsillar theory" as a cause of scarlet fever, advocated by Dawson and Berge, and cited by Fisher, is looked upon with considerable favor by many of our foremost writers and teachers on pediatrics. It is that scarlet fever is due to invasion of the crypts of the tonsils by the *streptococcus pyogenes*, or common pus-producing bacillus, no matter what its origin, and the consequent development of a strictly septic fever of varying intensity and malignancy. In support of this theory they cite the fact that children with enlarged tonsils are especially liable to the disease; that with the atrophy of these glands at the age of puberty liability to attack by scarlet fever disappears; that even malignant cases in large families may not result in the infection of other children, as is always the case with whooping cough, measles, and diphtheria. These investigators hold that systemic invasion by the *streptococcus pyogenes* occurs through abrasions of the mucous membrane covering the tonsils or lining their crypts; and that doubtless in innumerable cases the poison is developed from decomposition of particles of food lodged in the crypts, or through auto-infection, by the absorption of ptomaine poison generated by the decay of the crypt epithelium from injury thereto by hard particles of food, etc. Certain it is that tonsillar children are more liable to scarlet fever than children having no tonsillar hypertrophy; that immunity comes almost invariably with puberty, with its tonsillar atrophy; that the disease is more malignant in subjects having bad tonsils."

Scarlet fever is unlike measles in that the older the person attacked the lighter the disease; so that in the remarkably exceptional cases that are met with in adult life, but little or no treatment will be called for.

The period of incubation varies in different cases, probably to a greater extent than in almost any of the other acute fevers of child life. Usually it covers from seven to ten days, while again symptoms follow an exposure almost immediately. In most instances, prodromata in the way of fretfulness, languor, lack of zest and ambition at play, together with a tired and listless state, will be observed. Loss of appetite, with persistent nausea and often continued vomiting, soon follow; soreness of the throat and difficult deglutition will be noticed very early. Within eight to twelve hours from the first complaining there will be evidence of a well defined chill, reaction is rather rapid, the pulse bounding up frequently to 120 or 160, with corresponding elevation of temperature; the nausea and throat symptoms continue, the tongue is furred, and the child is inclined to drowsiness.

Three forms of scarlet fever are recognized, viz: S. Simplex; S. anginosa, and S. maligna, all of which present the characteristic features of the disease, though differing in severity and intensity.

Within 18 to 36 hours from the onset of symptoms there will be no-

ticed the peculiar scarlet colored rash from which the disease takes its name. The soreness of the throat will be much in evidence at this time, and an examination will reveal an erythematous flush of the tonsils and fauces, with the hard palate studded with minute red points. The eruption commencing about the face and neck, gradually extends over the body and limbs. The appearance is that of numerous very small red points on an erythematous base, giving a diffuse redness or rose-colored efflorescence to the entire skin. Slight pressure will cause the redness to become effaced, leaving for an instant a white appearance, which is diagnostic of the trouble. With the development of the rash the fever begins to abate and the throat is gradually relieved. The tongue shows a peculiar prominence of the papillæ, and reveals the characteristic "strawberry tongue." The eruption is completely matured within two to four days, desquamation follows at once in the course of the eruption from the face downward. In extent and rapidity it is governed largely by the nature of the attack or height and duration of the fever; the epidermis frequently being almost completely destroyed. It lasts as a rule from one to four weeks.

In malignant cases, where the development of the eruption is backward or thwarted in some way, typhoidal symptoms soon follow; patches appear within the throat, the cervical glands swell, and some of the complications that occasionally follow scarlet fever may have their beginning, as suppuration of glands, psoas abscess, suppuration of the middle ear, albuminuria, post scarlatinal nephritis, rheumatism, cardiac complications, dropsy, etc.

The prognosis varies in different epidemics. It is always forbidding in very young children. The anginose is the form most usually encountered, and if uncomplicated should show a very small mortality. In the malignant type, or where there follow complications involving the kidneys or heart, together with suppurative lesions, the death-rate will be considerably increased. Specific medication, however, will give the very best results attainable. Cases should always be properly isolated or quarantined to prevent the spread of the disease. The throat symptoms will usually attract our attention first: they will generally call for inhalations of vapor of water or vinegar, together with such agents as potassium chlorate, borax, fluid hydrastis, phytolacca or echinacea. The early restlessness and nervousness frequently call for gelsemium or rhus tox. As the fever comes up, there will be present indications for aconite, associated with either belladonna or rhus. The alkaline sponge bath will aid in developing the eruption, and prove refreshing. Apis will be found called for often to allay the itching and stinging of the skin with the appearance of the rash. Apocynum should be associated with the sedative upon the first appearance of puffiness of the eyelids or face. Asclepias will be found of good service to relax the skin and aid development of the eruption. Lobelia may be frequently given with it. Baptisia is often indicated

when there is the duskiness of the surface and throat. Sodium sulphite is usually called for at some stage of the trouble.

Of other specific medicines that will frequently be called for during the ordinary course of this fever may be mentioned digitalis, pulsatilla, chamomile, passiflora, hydrochloric and sulphurous acids, sulphide of calcium, etc. The complications must be treated according to the nature and circumstances peculiar to each.

R. C. W.

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### DISTILLED WATER.

Let us not accept that because a water is clear it is wholesome; the most limpid of waters may be the breeding ground of filth germs. Clear water need not necessarily be clean water. Dirt is not always repulsive, nor is transparency always an indication of purity. But this is to us an old question; *many*, many years ago we wrote editorials on this subject, the subject of drinking water intemperance.

Pass now to *distilled water*. Do not accept that the act of distillation necessarily purifies the water distilled. Do not accept that the vapor of water must be clean vapor. Do not accept that the volatile substances to be found in the vapors of boiling water do not condense with the water. "The smell of steam" is familiar; the substance that makes the *smell* is impurity. The *smell* of condensed water is familiar; this odor is due to impurity. If you doubt this, distill a water that has been purified of all volatile contaminations and observe that there is no odor to the steam; nor is there any taste or odor in the water. Remember, pure water is odorless, tasteless; but yet all odorless, all tasteless, water need not necessarily be pure.

The United States Pharmacopœia recognizes this fact, but the U. S. P. seems not to be authority in all directions. This is the formula and process:

"From one thousand volumes collect the first one hundred (100) volumes, and throw this portion away. Then collect eight hundred (800) volumes and keep the distilled water in glass stoppered bottles, rinsed with hot distilled water immediately before being filled."

Consider now the process of the men who make ice; do they distill 100 parts and throw it away? Do they not distill 800 parts and reserve it? Do they then suspend the operation and throw away the residue in the still? Consider next the commercial condensed or distilled waters. Do the manufacturers follow the U. S. P. process, or do they condense the steam from the beginning to the end of the process? Do they make three sections in the operation, or do they make a continuous process in which a crude water supply is running into the still while the steam is being boiled out?

Now a word concerning the object of the U. S. P. process. The first section, the 100 parts of distilled water thrown away, is likely to contain all the easily volatilized impurities, the nitrogenous, the ammonia compounds. The second portion should be practically free from these easily volatilized bodies, and also free from products of

decomposition. Beyond this point decomposition products are prone to form, and to again contaminate the distillate. It is self-evident that this care is not taken in commercial water distillation, and, indeed, it is impractical to do so at the commercial prices of distilled water and of artificial ice.

Only those confronted with the problem of a pure water know the difficulty of the process in order to avoid volatile gases, mechanically carried over spray and substances dissolved from the worm or condenser. Besides, pure distilled water dissolves glass so that it is never free from inorganic soluble material.

This is an important subject to the chemist as well as to him who proposes to make medicines that will keep. In our experience copper worms and stone worms were successfully displaced because they contaminated the water. Finally, from a silver plated condenser, in which no other metal touched the vapor or the water, excepting for the traces of dissolved glass from the bottle, practically a chemically pure water was obtained. But the care necessary to its production, beginning with the fractional distillation, running it so that hot water always escapes in a dust free receptacle that holds the receiver, and ending with the testing of the contents of each bottle just before it is stoppered, gives to distilled water an expense in detail and care that only those concerned in such exacting manipulation can appreciate. Many thoughtless tongues say many things at random concerning medicines and medicinal products, but, perhaps, no greater exhibition of one's ignorance is made than we sometimes hear concerning the subject of distilled water

J. U. L.

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#### CRIME—CAN IT BE CHECKED?

Efforts are constantly being made by law-makers, clergymen, and various organizations, for the suppression or abolition of crime. These efforts are usually directed to one of two methods, viz., moral suasion or punishment with fines, imprisonment, or death. The latter method, while effective in preventing future crimes by the individual so punished, has little if any appreciable influence upon others. Lynch law, or as some are pleased to call it, "summary justice," also fails to impress any except the victim, and exerts upon others the same influence as moral suasion.

The person possessed of criminal tendencies of whatever nature is abnormal. It may be through defective development of the so-called higher mental or moral faculties, the over-development of the so-called animal instincts, or through disease affecting the central nervous system. The latter class are fully recognized as irresponsible in the "eyes of the law," and are sent to asylums for treatment and also for public safety.

While not a believer in natural depravity, I am convinced in the law of heredity, and that both mental and physical characteristics are

transmitted from generation to generation. It is undeniably true that exceptions occur, but they only prove the rule. Favorable environment, while frequently modifying the individual traits, does so more by causing the person to be more secretive and cunning, thus making detection correspondingly difficult.

If laws could be enacted that would make emasculation the punishment for persons criminally inclined, the propagation of this class would practically cease. The law should deal with the situation in such a manner as to do away with the pettifogging lawyers and vexatious delays so frequent through the mistaken idea that all men are free and equal. I do not deny that they may be born so, as at birth the infant is an irresponsible and irrational being, but very soon the equality ceases.

The fear of emasculation, especially among males, would also have a salutary effect, if it was positively known that that would be the punishment for habitual criminal acts. Unfortunately the same can not be said for the other sex, yet the inability to procreate would be beneficial.

It is fully appreciated that such laws cannot at present be enacted, and possibly never can be. The most effective opposition to such measures would be from the so-called philanthropist, and in my experience the clergy and their followers, probably on account of the Biblical edict about entering, or rather not being able to enter, the kingdom of heaven.

K. O. F.

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#### MEXICO—NO. 2.

Whoever travels toward Mexico will hear men make the most contemptible expressions concerning the Mexicans, or, as some people delight in calling them, "the lazy Greasers." And yet whoever observingly travels towards Mexico will perceive, as he crosses the sands of Southern Arizona, New Mexico, and the border land of the Western South, that the man who works is the Mexican. He is the one to hold the pick and shovel, to carry the load, to dig, to hew. Keep your eyes open and see if the man who lazes is the Mexican, or if it be he who reviles the Mexican? But we are in Guaymas, not Arizona.

Here the houses are adobe or large sun-dried bricks. They are one-storied, and when you look into an open door are seen to be built in the form of an open square, a court in the middle, in which grow clumps of tropical trees. The streets are narrow, the houses stand flush with the sidewalk, close together are they, just like a long brick wall, with door and window openings.

But the people. They are Mexicans. Polite? yes, very. Even the laborers can give lessons in genteel culture to some persons we have seen grace (sic) some conspicuous places in America. Do not expect to be vulgarly stared at; do not expect to be insolently replied to should you ask a question. On the contrary, neither men nor women will gaze impudently after you, a stranger, as you pass, and

should you question, every pains will be taken to discover what you want, and then to help you get what you want.

Is there danger here in this land of Mexico among the Mexicans? What about the dirk in your back, what about the treachery of which we of the States hear so much? Forget it. You'll not find it in Mexico, at least not in Mexican Mexico. It is said, however, that where the people in the States rub elbows with the "Greasers" this is true; but you'll not find it here in Mexico where American tourists and American adventurers have no place. Be it night or day you need fear nothing. Be it in the city or the country you can forget these stories of the treacherous Mexican with his dagger, the robber who "steals your stockings off your feet, leaving your shoes in place," as an American, a car acquaintance, who claimed to know the Mexicans, told Dr. Gemmill and the writer would be our fate when we got down into Mexico. Forget these stories, heired largely from the prejudices that came in the war that gave us a great part of Texas and the great further west, a war that might well be forgotten by Americans on other accounts than one.

But this leads us to an editorial in the last Journal, an editorial in which the question is asked, as to why the man who wrongs another never forgives the party wronged. On this ground possibly Americans should *never, never* be expected to stop berating the Mexican. On this ground perhaps, in order to do full justice to the "Greaser," another war may sometime be in order, a war that will annex to us the rich state of Sonora, towards which even now the eyes of certain American "patriots" are directed.

J. U. L.

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#### ERIGERON.

Among the remedies for summer diarrhea, in which the Eclectic materia medica is so rich, is one that we venture to say is employed by very few prescribers. Not that it is in the least an inferior remedy, but that it has been lost sight of in the face of the reputation it, or its oil, has attained in the control of passive hemorrhages. We refer to common horsetail, or *Erigeron canadense*. We have our cases for neutralizing cordial, for ipecac, for bismuth, for nux vomica, for epilobium; but this agent occupies a place all its own, if we may perhaps except veratrum album, which it closely resembles in action. It has the advantage over the latter in being perfectly non-poisonous. The kind of diarrhea, like the kind of hemorrhage, to which erigeron is adapted, is of a *passive* character. The irritative diarrhea calling for rheum or ipecac, would be likely to be aggravated by erigeron. It is the remedy for those gushing discharges of a watery character which so rapidly deplete the body and exhaust the victim. Choleraic discharges is the best term that can apply to these. When the discharges are painful and of half-digested aliment, then epilobium is to be preferred; or if they be of typhoid character. But when copious, frequent, and of almost pure serum, then erigeron is the remedy.



Thus it becomes a most important summer remedy in entero-colitis, summer complaint of the type depicted, and particularly in cholera infantum. Thus far we have treated several cases of diarrhea this season with specific medicine erigeron, with perfect results. Prof. Webster, who strongly advocates it, prefers it in infusion, and we believe upon sound grounds. Given in this manner it serves to re-establish the fluids of the body—a condition often overlooked in the treatment of such disorders as the summer diarrheas of infants. If the specific medicine, which seems to be equally efficacious, is employed, an abundance of pure water should also be given the little patient.

Erigeron is so abundant that it can be easily tested, for it may be found everywhere in the country, and is even abundant along the streets of suburban surroundings. It acts specifically upon the mucous membranes, undoubtedly by its control over the capillaries.

The following indications, as given by the writer in the *American Dispensatory*, covers the field of usefulness of this valuable agent:

"Capillary or passive hemorrhages; painful diseases of the kidneys and bladder, and in diseased conditions of the mucous membranes, attended with free discharges (Scudder); choleraic discharges, sudden, gushing, and watery, attended with thirst and cramping pain; hematuria, metrorrhagia, hemoptysis, epistaxis, and hematemesis."

H. W. F.

A good antiseptic wash for suppurating wounds and indolent ulcers may be prepared by using sixty grains bicarbonate of soda in six ounces of distilled water, to which should be added two ounces of peroxide of hydrogen. Use pledgets of gauze moistened with this preparation, and wipe and wash the wound freely. The strength of the soda may be increased or diminished as the case may indicate, if these ulcerated wounds are aggravated by an acrid condition, and the soda acts as a chemical agent improving traumatic conditions.

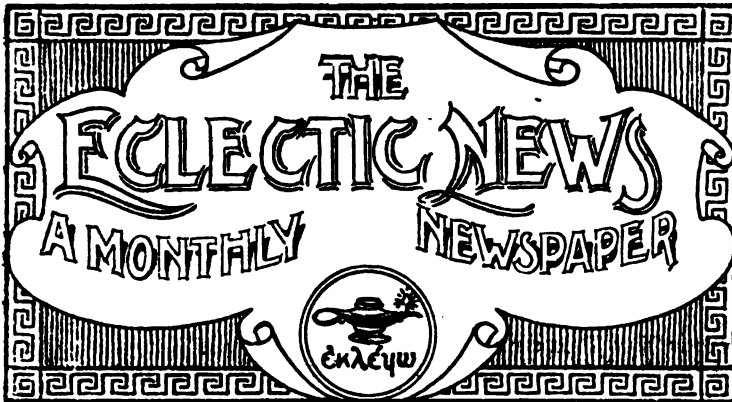
L. E. R.

#### LOS ANGELES JOURNAL OF ECLECTIC MEDICINE.

We are very much pleased to notice that arrangements have been made to publish a new Journal in the West, to be known as the Los Angeles Journal of Eclectic Medicine, under the business management of Dr. M. B. Ketchum, formerly of Lincoln, Neb., and editorship of Dr. O. C. Welbourne. It will be owned by a stock company, composed of nearly all the Eclectic physicians in Southern California. It will be issued monthly at \$1.00 per year. For specimen copies address Dr. M. B. Ketchum, Lankershim Building, Los Angeles, Cal. We wish the new journal every success, and believe it will meet with the entire favor of our western practitioners.

#### OHIO STATE BOARD OF MEDICAL REGISTRATION.

Gov. Herrick has appointed John K. Scudder, M. D., as a member of this Board, vice Dr. Towers, of Toledo, Physio Med., resigned. The Board is now composed of three Regulars, two Homeopaths, and two Eclectics.



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VOL. X.

JULY, 1904.

No. 7.

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## BOOK NOTICES.

**NATURE OF CHRONIC DISEASES.** By Samuel Hahnemann. Translated from the second enlarged German edition of 1835, by Professor Louis H. Tafel. Cloth \$1.25. Boericke & Tafel, Publishers, Philadelphia.

Dr. Hahnemann's theory of chronic diseases is that all diseases not acute are due to one of three sources—syphilis, syphilis, or psora—and he maintains that the reason diseases remain chronic is the fact that the physician treats the symptoms from which the patient is suffering and fails to remove the primary cause. The work is interesting in that it differs from all other systems as to the cause and cure of chronic diseases. A number of interesting examples are cited to prove the theory. The cure is outlined, and the method of preparing his remedies is given.

R. L. T.

**REFERENCE HANDBOOK OF THE MEDICAL SCIENCES.** Edited by Albert H. Buck, M. D. Vol. V.—INF.—MOS. Illustrated by chromolithographs and 576 half tone and wood engravings. Wm. Wood & Co., New York. Cloth, \$7 00. Subscription only.

This volume, like those that have preceded it, contains so many splendid articles that one is embarrassed in selecting the ones of special merit.

The disease that figures as one of the notable events of the latter half of the nineteenth century, not because it is a new disease, but that it is new to the present generation, is influenza. Dr. William J. Conklin's article on this important subject is one of special interest.

To those interested in mental aberration the article on insanity will be of peculiar interest, since the different phases of insanity are discussed by men prominent in the medical world, in the field of mental diseases. The physician as well as the surgeon will read the articles on the intestines with much satisfaction and profit.

Intubation, which made Dr. Joseph O'Dwyer one of the great benefactors of the race, is another subject that is of vital interest.

The obstetrician will turn to the article on labor, and feel well repaid with volume V. The article on the lymphatics, profusely illustrated with chromo lithographs and wood cuts, also deserves special mention.

In volume V. the physician, surgeon, specialist, and scientist, each will find that which will be of special profit. Like the volumes that preceded, it is profusely illustrated.

R. L. T.

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ROENTGEN RAY DIAGNOSIS AND THERAPY. By Carl Beck, M. D. D. Appleton & Co., Publishers, New York City. Cloth, \$4.00.

Those desiring to make use of Roentgen rays in diagnosis and therapeutics will do well to study this book. The main part of this work is devoted to the use of the rays in medical and surgical practice, but before a physician can so apply them, a thorough knowledge of them, and the apparatus by which they are produced, together with a knowledge of the necessary appliances and the methods of using them, must be obtained; the author furnishes all this information in the first part of the work, thoroughly illustrating this part of the subject with proper cuts. Following this part of the work, the different regions of the body are studied and the diseased conditions that can be diagnosed and treated by these rays are discussed. This part of the subject is well illustrated by fine illustrations. By this arrangement the study of the subject is greatly simplified. There is also a chapter given to the medico legal aspect of the rays, and another to the Becquerel rays and to the radium rays.

J. R. S.

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THE TEMPTER OF EVE. By Charles Carroll. Cloth, \$1.50. Adamie Publishing Co., St. Louis, Mo.

We are informed in this rather strange book that Adam was the inventor of letters and the art of writing; that the Antediluvians were a highly cultivated people.

We are also pained to learn that the "Book of Precepts," written by Adam, was destroyed several years prior to the deluge.

As to the civilization of pre-historic races we are as yet uninformed. They in all probability had a civilization adapted to their needs, as we, in our day and generation, have a civilization adapted to ours. When we go back beyond a certain period it is purely speculation.

As we read we can almost hear the rumble of the Antediluvian printing press, the shrill cry of the Edenic newsboy, proclaiming the fact that the Morning Grape Leaf contains a full description of a new Dinosaurian just added to the Edenic Zoo, chapters 8, 9, 10, comprising more than 100 pages, one devoted to the comparative anatomy of the negro, the white man and the ape. Reference is frequently made to the best authors on this subject, and these chapters are intensely interesting.

# LIBRADOL.

## The Season for Insect Stings and Bites is at hand.

It has been brought to our attention through numerous reports that Libradol is a quick reliever of bites and stings of insects, and we ourselves witnessed in two instances its marvelous power in the instantaneous relief of the pain of bee stings. In this connection, the following letter from Dr. Albert Sayler will prove of value, to physicians who may be confronted with a painful sting or insect bite.

"About the middle of October, 1903, immediately after the fall, or aster flow of honey, in closing up for winter the bee hives of my apiary, I was stung on my hands and wrists, at least fifty times, and most likely, seventy-five times.

"I applied Lloyd's Libradol once, during my closing up bee work, and twice afterwards. The swelling stopped at once, as if by magic, with scarcely any after-puffiness, disagreeableness, or discomfort.

"About a week ago, working without my bee veil, one little nettlesome rascal dabbed me on the nose, and while the pain was yet severe, I ran for my box of Lloyd's Libradol, and applied the remedy, thinking to note from time to time its effect. But just like a small boy, I forgot all about the sting for at least three days.

"Nothing else as yet developed compares with Libradol for dulling the pain and reducing the swelling of bee stings."

Respectfully,

ALBERT SAYLER, M. D.,  
New Palestine, Clermont Co., Ohio.

In this connection it is well to bear in mind that Libradol need not be plastered thickly where a large surface is involved, but that a thinly spread tissue is satisfactory, or it may even be rubbed on the skin with the finger. Please bear in mind that Libradol instantly relieves itching of a surface, and is especially applicable to chronic itching of the anus.

Price, 1-lb. package.....	\$1.50	By mail, \$1.75
" ¼-lb. " .....	.45	" .55

June 1, 1904

LLOYD BROTHERS. Cincinnati. Ohio.

### ECHAFOLTA. (The Best Remedy for Blood Depravation.)

This is the choicest of all preparations of Echinacea, and has the following history: In 1887 we introduced Echinacea in the form of a tincture. We did this years before any other pharmacist knew of the drug.

As does all percolates of this drug, and all colored preparations of it, the tincture contains impurities which disturb its action and lessen its value. This we early discovered, for crude Echinacea root is a very impure drug. It contains much plant dirt, much sugar, much glucose, much inert coloring matter. These go into ordinary preparations of Echinacea. In surgical cases such impurities of Echinacea may be serious. Coloring matters organic ferments, and glucose are inadmissible. No colored preparation of Echinacea should be applied to a wound or used internally.

We experimented to overcome these imperfections, and finally discovered how to do so. This was accomplished years ago. The perfected preparation we named Echafolta.

Echafolta is the only perfect representative of Echinacea. It is the preparation that broadly established the value of Echinacea. This we can say by authority, for we introduced both Echinacea and Echafolta, and on our preparations the value of this drug was established.

Whoever has a bottle of Echafolta may accept that whatever is possible of any preparation of the drug Echinacea is at his command.

Echafolta contains no water, no glucose, no sugar, no tannates, no inorganic salts, no albumen, no gum, no coloring matters, no organic germs or organic ferments. Echafolta is clean, but yet is complex. It is a complete representative of the drug Echinacea carrying its full drug value.

The uses and dose of Echafolta are given in full on each label. It is a marvelous remedy—the most popular of all remedies in diseases that involve blood depravation. It is a corrector of blood dyscrasia, non-poisonous, and has advantages over all other medicaments for this purpose. Its field of usefulness is already great, and yet, is not fully developed. To all this the medical profession attests. Physicians using Echafolta commend it to their professional friends who in turn praise it to others. Thus the reputation of this choice remedy, now the standard for sepsis, was established before the crude drug from which it is made was known to commerce.

In our recent pamphlet on Libradol, a remedy that relieves pain by local application, mention is made of Echafolta. This brings to us a great number of inquiring letters, inasmuch as the field of Echafolta is one of the most important confronting physicians. In response to these requests the present treatise is prepared, the object being to extend information concerning Echafolta and its uses. Let us repeat that we make no family medicines, secret mixtures, or self-cures for the people, our preparations being prescribed by physicians and obtained through their druggists. To plant preparations, our specialty, we have for years devoted persistent study, and our products are representative. Let us hope that Echafolta, a remedy as invaluable in its field as is Libradol in its own, may prove as useful to physicians who are now unacquainted with that preparation as is Libradol to those using that effective remedy for pain.

Echafolta is carried in stock by every jobbing druggist in America. It is to be obtained in original vials at the following prices: Four ounce, 55 cents; eight ounce, \$1.00; sixteen ounce, \$2.00. Should the remedy not be at command of a physician desiring it, we will mail a four-ounce bottle on receipt of 77 cents. As has been said, each bottle is accompanied by detail uses and doses.

LLOYD BROTHERS, CINCINNATI, OHIO.

Evidence is submitted in an endeavor to show that the anatomical structure of the negro more nearly approaches that of the ape than it does to the white man.

The many references to sacred and profane history show that the author has spent much time, labor and research before completing this volume.

Reference is made in a special index to about 160 different well-known writers.

But "inasmuch as their work is based on the Bible, the inspired authorities quoted are too numerous to mention."

As to the truth of the theories the author attempts to prove, we have nothing to say. Each reader must judge for himself.

It is certainly worth the price for the information that it contains.

C. G. S.

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**EPITOME OF PEDIATRICS.** By H. E. Tuley, M. D. 12mo, 266 pages, with 33 engravings. Cloth, \$1.00, net. Lea Brothers & Co., Publishers, Philadelphia.

This little work belongs to the Lea Series of Medical Epitomes. It covers the subject of pediatrics from the time of birth to adolescence, including the care and examination of infants, the feeding of infants and older children as well. The various diseases are systematically and clearly considered, together with the usual old line treatment. Everything is treated concisely, and may be satisfactorily consulted when larger volumes are inaccessible. At the end of each chapter the subject matter is appended in questions for the benefit of students. The work is all up to date, and the doctor who has an extra dollar that is not working, could not invest it to better advantage.

R. C. W.

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**MANUAL OF CLINICAL MICROSCOPY AND CHEMISTRY.** By Dr. Lenhartz, Hamburg. Translation from the Fourth German Edition, by H. T. Brooks, M. D. 148 illustrations. 412 pages, octavo. Cloth, \$3.00, net. F. A. Davis Co., Publishers, Philadelphia, Pa.

This translation from the German is a very valuable and complete work. The cuts are very fine and the press work excellent.

Somewhat more than 100 pages are devoted to vegetable and animal parasites. The examination of the blood in health and disease is very complete.

Examination of sputum and also of the secretions of the mouth and of gastric and intestinal contents is very thorough.

The portion devoted to the examination of urine and diseases of the urinary apparatus is intensely interesting and very instructive. It is well worth having, and the price is reasonable.

C. G. S.

## COLLEGE AND SOCIETY NOTICES.

### Ohio State Eclectic Medical Association.

Doctor, are you going to Put-in-Bay? We hope so. In a very few days the State Association will be in session. You can not afford to miss it. No live, up to-date eclectic should neglect his association. All of the professions and all lines of commercial enterprise have their associations, and they attend them; you should attend yours. The busy and successful men in all walks of life are the ones that you find at these meetings. The busy man is the one that has time to do things.

Come and meet with us, doctor. Renew old friendships and make new ones. We meet again at the magnificent Hotel Victory. The session rooms are large, cool, airy and pleasant. The accommodations are first class and the service excellent. They have always accorded us a royal welcome, and will do so again this year. The rate is a flat rate of \$3.00 per day, best rooms. First come, first served. Room, with bath attached, 50 cents per day extra. When purchasing railroad tickets no certificate is needed, as all roads sell tickets at a fare and a third for the round trip. Baggage checked through, going and returning.

Boating, fishing and other sports may be indulged in if desired. The program you have received is proof that we will have a most interesting and instructive meeting. If you have not as yet received a program, write the corresponding secretary, and he will be pleased to put you on the mailing list and send you one. We are anxious to secure new members; a postal card addressed to the president or corresponding secretary will bring you as many as you desire. If you have any interesting cases or clinics you wish to present bring them along.

Your friends are entitled to the same railroad and hotel rates as yourself.

The officers and executive committee assure you a successful meeting and a good time.

Prof. John Uri Lloyd last winter visited Old Mexico, and on Tuesday evening, July 12, will give an interesting talk concerning our Sister Republic.

Come and meet with us, doctor. You need the rest, and your association needs your presence and support.

*"Lest you forget; lest you forget."*

*The Time*—July 12, 13, 14, 1904.

*The Place*—Hotel Victory, Put in Bay, Lake Erie, Ohio.

*The Reason*—For the Honor and Glory of Eclecticism.

Fraternally,

W. E. POSTLE, M. D., President, Shepard, Ohio.

CHAS. GREGORY SMITH, M. D., Corresponding Secretary,

224 Dorchester avenue, Cincinnati, Ohio.

**New England Eclectic Medical Association.**

In attendance, enthusiasm, accessions, harmony and collections, the tenth annual meeting of the New England Eclectic Medical Association, at the Thorndike, Boston, Mass., June 2, 3, was the best to date.

The annual address—"The Physician His Own Druggist," by President Percy Lee Templeton, M. D., of Montpelier, Vt., was extremely useful; and the symposium—"Peculiar Experiences in Practice (Confidentially Confabulatory)," by "Many Members," was delightfully interesting.

The new officers are: President, Dr. Algernon Fossett; First Vice-President, Dr. Stephen B. Munn; Second Vice-President, Dr. John A. Donner; Third Vice President, Dr. Alonzo D. Muchmore; Recording Secretary, Dr. Sylvia A. Abbott (Taunton, Mass.); Treasurer, Dr. Frederick W. Abbott; Librarian, Dr. Herschel N. Waite; Corresponding Secretary, Dr. Frank W. Snell; Censors, Drs. Percy L. Templeton, Edwin M. Ripley, Henry Remy, Alfred H. Flower, George A. Faber, Charles G. Percival.

The next (11th) annual meeting will be held in June, 1905, at the State House, Montpelier, Vt.

S. S. A.

**Tennessee Eclectic Medical Association.**

Met at Odd Fellows' Temple, Nashville, May 25, 26. While this association is not so large, its members have the capacity of doing. There was not a *drone* in the gathering. The morning of the first day was consumed in a general discussion.

The afternoon session at 2 P. M. opened with President Simmons' annual address, which discussed briefly some of the different systems of cure. Following this, reports of committees were received, after which section work was taken up until 5 P. M., when it adjourned to repair to Glendale Park to enjoy the scenery and the spreads of delicacies, prepared by the wives and daughters of the Nashville Eclectics. The meeting of the 26th was promptly called at 9 A. M.

Treasurer George M. Hite made his annual report, which showed the society to be in good financial condition. J. P. Harvill did nicely for the section of materia medica; the conservative John O. Cummins brought up the section of Practice; and Dr. M. M. Harvill's section of Obstetrics was made magnificent by Prof. R. C. Wintermute's very learned and instructive address upon Puerperal Eclampsia. So well received was this address that the society, through a resolution by Benj. L. Simmons, requested Prof. Wintermute to have his address published in the July issue of the Eclectic Medical Journal.

Drs. A. B. Young and W. N. Holmes had good sectional work in surgery. F. P. McKeel and J. W. Pruitt discharged their duty to Pathology. The section of Medical Legislation was emphasized by excellent papers from Drs. W. H. Halbert and F. H. Fisk. The sec-



tion of New Remedies was well rendered by Geo. M. Hite. Besides the papers by the section officers there were splendid productions by Thos. E. Halbert, McCollum, Cox, Allison and Daniel, and a jointed talk upon echafolta, by Dr. T. W. Cooper. Following the section work, the society, through J. P. Harvill, presented a nice cane to Dr. T. W. Cooper, who was seventy-five years old the first day of this meeting.

The election committee reported as follows: President, Thos. E. Halbert, M. D., Nashville; First Vice-President, J. W. Pruitt, M. D., Only; Second Vice-President, T. W. Cooper, M. D., Brownsville; Recording Secretary, Benj. L. Simmons, M. D., Granville; Corresponding Secretary, A. L. Daniel, M. D., Lohleville; Treasurer, Geo. M. Hite, M. D., Nashville. The report of the committee was unanimously received by the society, and the officers were installed.

The business of the meeting being completed and the usual resolutions of thanks to the local press having been expressed, the society adjourned to meet in Nashville, May, 1905.

BENJ. L. SIMMONS, M. D., Rec. Sec'y.

At the meeting of the Missouri Association June 13, Excelsior Springs was selected as the place of meeting next year, and the following officers were elected: President, Dr. D. S. Talbot, Appleton; Vice Presidents, Dr. Charles Palmer, of Kansas City; Dr. P. C. Clayberg, of St. Louis; and Dr. S. G. Meredith, of Cowgill; Secretary, Dr. W. A. Smith, St. Louis; Corresponding Secretary, Dr. George E. Krapf, St. Louis; and Treasurer, Dr. A. W. Davidson, Poplar Bluff.

## PERSONALS.

MARRIED, May 28, at Cincinnati, Ohio, Dr. Charles W. Beaman, E. M. I., '03, to Miss Laura Z. Bogue. At home after June 16, at Columbus, Ohio.

Dr. N. C. Baumann, E. M. I., '04, was married May 18 to Miss Anna Irgel. He has taken the practice of Dr. S. O. Barwick, of Wakarusa, Ind., and he writes that his prospects are very good.

BORN to Dr. W. W. Livingston and wife, of Dunlo, Pa., on April 30, a little son. We congratulate both papa and mamma and the little boy. May his star never set.

DIED at North Lewisburg, Ohio, May 13, 1904, where he had practiced for nearly forty years, Dr. William H. Wagstaff, E. M. I., '66. The Doctor was one of the oldest members of the Ohio State Eclectic Medical Society, and for nearly thirty years he never missed a meeting. It was one of the pleasures of our going to meet the genial, good natured "Wagg," as he was called. Infirmities kept him from

attending the last few meetings. He started in medicine as a "regular," but under the teachings of Dr. J. M. Butcher, whose daughter he married, he soon became one of the staunchest eclectics of the State. We bow to the will of the All Wise; but we are sorry that Dr. Wagstaff has been taken from us.

DIED at Penfield, Ill., May 12, Dr. Charles J. Cooper, E. M. I., '02, husband of Dr. Rachel M. Cooper, who graduated in the same class with him.

Dr. W. G. Choate, E. M. I., '94, is located at Booneville, Ark., a fair sized town on the Choctow railroad.

F. W. Vance, G. F. C. Yost, C. B. Backus and W. A. Ellsworth, E. M. I., '05, all passed the West Virginia State Board with good averages. F. W. Vance is located at Gaines, W. Va.

Dr. Geo. W. Gregg, E. M. I., '06, passed the second year's examination before the Regents of the University of the State of New York, with the following results: Anatomy, 98; physiology and hygiene, 89; chemistry, 83. This will materially lessen his final examination when he applies for registration in April, 1906.

FOR SALE. Good location and practice in town of 400, rich farming community. \$3,500 practice, drugs and office fixtures. Good reasons for selling. For particulars address with stamp Dr. Rachel M. Cooper, Penfield, Ill.

W. R. Warner & Company, of Philadelphia, with whose goods all of our readers are well acquainted, have an interesting exhibit at the St. Louis Exposition in the Palace of Liberal Arts. This firm makes one of the finest pharmaceutical and chemical displays, and is well worthy of attention.

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## READING NOTICES.

Daniel's Conct. Tinct. *Passiflora Incarnata* relieves convulsions and gives complete rest to the patient. This remedy controls the nerve centers and relaxes whatever tension may be there exhibited. It also gives an impulse to natural heart action and leaves no depression to be overcome when its effects are over. Dr. Tucker tells of a case of convulsions in a girl eleven years of age. When called in, the attending physician was giving a treatment which was only partially effective. "I had tried *Passiflora* several times in similar cases," he says, "and suggested that it be tried in this case. He was perfectly willing, so we began giving in teaspoonful doses. The convulsions ceased, and the girl, after a while, fell into a sound sleep. When she awoke, the improvement in her condition was at once apparent. The nerves were in a normal condition, and she felt 'well again.' *Passiflora* has no competitor in cases of this kind."

After many trials of a remedy that has previously given you satisfaction, have you ever experienced the time when results seemed to fail? You evidently presumed that your old stand by had lost its efficacy, when in reality, if upon investigation, you will many times find that your patient is taking a worthless substitute, and not the genuine product. Dysmenorrhoea, that most painful affliction of women, readily responds to Hayden's Viburnum Compound, and as this well-known remedy is always uniform in composition, uniform good results follow its administration. All reputable products are imitated, which is the best evidence of the value of the original preparation; therefore, where pain is manifested, it is important that the genuine Hayden's Viburnum Compound be administered.

Dr. N. B. Shade, of Washington, D. C., in an article published in the Medical Summary, refers to many unfortunate effects of prescribing opium and morphine, intimating that the depressing after-effects of the administration of these drugs more than offset the temporary good accomplished by their use. He mentions a very prominent congressman whose life, in his opinion, was cut short by the administration of morphine hypodermically in the case of pneumonitis. Dr. Shade states that he still prescribes morphine, but very seldom, as he finds it much safer to use papine. Papine, in his opinion, possesses all the desirable qualities of opium, with the bad qualities eliminated. Some of the brightest minds of the present age are now being devoted to the development of a therapy, in which the primitive bad effects of many drugs are eliminated. Where the therapeutic action of morphine or opium is desired, it would seem to be a safe procedure to give papine a trial.

A word about some remedial preparations which the busy practitioner will find always useful, particularly at this season of the year, will no doubt be of interest. First, we will mention the old time-tried antikamnia and salol tablet, so useful during the hot weather, when even the "grown folks" load up their stomachs with the first offerings of the season. Hare says: "Salol renders the intestinal canal antiseptic, and is the most valued drug in intestinal affections." The anodyne properties of antikamnia, in connection with salol, render this tablet very useful in dysentery, indigestion, cholera morbus, diarrhoea, colic, and all conditions due to intestinal fermentation. Then the "triple alliance" remedy, so well and favorably known by its self-explanatory title, namely: "Laxative Antikamnia and Quinine Tablets." To reduce fever, quiet pain, and at the same time administer a gentle tonic laxative, is to accomplish a great deal with a single tablet. Among the many diseases and affections which call for such a combination, we might mention coryza, coughs and summer colds, chills and fever, biliousness, dengue and malaria with their general discomfort and great debility.



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VOL. LXIV. CINCINNATI, AUGUST, 1904.

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No. 8.

## ORIGINAL COMMUNICATIONS.

### OBSERVATIONS OF INFLUENZA.

By Alexander Wilder, M. D., Newark, N. J.

SEVERAL years ago I read a short dialogue of a kind now very common in newspapers, which, as I remember it, was substantially as follows :

*James.*—Can you tell me how to cure the grippe?

*John.*—No; I can not.

*James.*—How is this? Why not?

*John.*—Because I have had it myself.

I have myself come to the conclusion that this little dialogue recounts an experience that is general, true and over true. The complaint is undoubtedly curable, as such results are usually counted; but whether the patients have actually recovered so as not to be very liable to a repeating of the disorder, is matter for very critical questioning. To me it seems very closely analogous to cancer-curing. I once knew several practitioners who professed to treat cases of cancer—carcinoma and sarcoma—and effect cures. I inquired diligently how it was done, and for a long while was answered evasively as though I was asking for some secret formula. Several of the patients also fell under observation; none of them in robust health or living many seasons. The conclusion seemed inevitable, that although cancer may be curable, that which was cured was not really cancer.

There are many good reasons for presuming about the same in relation to influenza. Many who develop the complaint do not seem to actually recover from it, but exhibit a deterioration of stamina and a tendency to manifestations of disorders akin to it, as though there had been no real recovery, nor elimination of the malady from its seat. I

have little regard for those patched-up cures that leave an individual thus liable. They are not good subjects for boasting.

Doubtless a volume might be written and read with profit upon influenza. The complaint is commonly described as an infectious febrile disorder of short duration, characterized especially by catarrh of the respiratory organs and alimentary canal, and occurring mostly as an epidemic. While this description is correct in regard to the special features of the disorder, there is still much to be observed and explained. An individual who has suffered from it will be able to point out characteristics of equal significance.

It is not to be supposed for a moment that influenza will appear in any person until there has been a certain liability to it induced in his body. All causation is two-fold, procreative and co-operative. The subjective condition of the individual invites the noxious external influences. This condition may be induced through his fault, his misfortune, or physical exhaustion, such as is incident to advanced years. Worry and much anxiety may be specially indicated. Here let it be remarked that every sickness which a person undergoes may be very properly considered as equivalent to the hurrying forward of the later period of age. We become older for every time that we are ill. Whoever maintains integrity of constitution, guarding against the undue wasting of physical energy, may be regarded as immune—as substantially proof against visitation of “the pestilence that wasteth at noonday.”

The recurring of epidemics may perhaps admit of somewhat of a philosophic explanation. They are hardly to be supposed to be any real disturbing of the general order of things. We observe of every thing that grows that it attains a certain maturity, and then perishes to give way to its successors. This can hardly be regarded as a destructive process, but rather as a stage of progress. There is no breaking up of the course of events, except disease or violence interrupt it prematurely. Everything occurs in its season. In strict analogy with this, the mortality which spontaneously attends epidemics may not be justly regarded as a harsh, untoward, or cruel dispensation. As dying is an event common to all beings in the human, animal, and vegetable kingdoms, it must belong to the due order of things. As only goodness can subsist and maintain the universe in its courses, it must pertain to this event in our experience. But dying, to be strictly in order, should be quiet, peaceful, and without painful suffering, as sleep comes to us at the close of the day.

It is an office of the epidemic to co operate in such a dissolution of the body. Thus in every period of the year there is a peculiar influence, atmospheric and telluric, which directly affects the conditions of the physical constitution. There are likewise in every community individuals who have exhausted their reserve of vital force, whom it is the province of this epidemic influence to remove quietly, without suffering or even any scene or occasion of terror. If all were to live

in conditions that are strictly orderly, it may reasonably be supposed that such would be the only ones that would be removed, and such the way in which this would be effected.

When reference is made to the excessive fatality attending some of the epidemic visitations, it may be pleaded that this is due to other causes than mere epidemic agency. War is a disseminator of terrible diseases, and has occasioned more pestilence, moral and physical degeneracy, than can be computed or estimated. The greed of wealth leads to the developing of a social condition which makes sickness familiar in every home. Vice and sensuality have produced a deterioration of physical conditions which manifests itself in numerous outbreaks, from scrofula to bubonic plagues. There may be added to these the sorrowful confession of the late Dr. Benjamin Rush: "We [physicians] have assisted in multiplying diseases; we have done more, we have increased their fatality."

Influenza for many centuries has appeared at periods almost regular, in various epidemic forms. The name was originally Italian, and carries us back to the period when astrology was considered an important branch of medical and scientific knowledge in the principal universities. All diseases were once imputed to direct infliction of the Deity, to the malign action of evil demons, to unwholesome influence of stars and planets; and so the remedies were selected under astral circumstances, and administered in accordance with planetary ascendancy. We have only to read Nicholas Culpepper's treatise on some of the works of Paracelsus to obtain some conception of the former notions. It was a supposed malignant influence of stars that suggested the specific term, "influenza." Beliefs have changed; the dominant theories have changed like figures in the kaleidoscope, but this designation outlives them all.

The malady has appeared under various names from very early periods. There seems to have been somewhat of regularity in the outbreaks. They raged epidemically for a time comparatively brief, and then gave place to some other type of disease. Attempts have been made to explain the seizure by the hypothesis of micro-organisms and specific contagion. Such explanations are too lame to reach the point of explaining satisfactorily. The other theory of atmospheric conditions appears more reasonable and intelligible.

To illustrate: In the later years of the last century there occurred a sudden change of temperature in Northern Russia. A day or two afterward some hundred and twenty thousand persons in St. Petersburg were afflicted with influenza. This would seem to indicate that the sufferers were in a peculiar condition of susceptibility, and the morbid agency of the atmosphere had developed it into the attack of influenza.

It is hardly philosophic, however, to consider the forms of disease as so many entities that are altogether distinct. Disease, if not a unit, is not any vast plurality. It means simply a condition of discomfort

incident to deviation from health. There may be many types and manifestations due to external influences, when the beginnings are subjectively the same. There is an analogy to children of one mother and many fathers, or perhaps of one father and many mothers, or both, as Tittlebat Titmouse would say.

During the winter preceding the Columbian Exposition at Chicago, there was a general visitation of influenza in many of the States and in European countries. Ten years later the epidemic recurred over the same regions. Many who had it the previous time were seized again. The complaint often did not appear as simply a violent catarrh, as usual, but assumed more virulent forms. It became with some a severe rheumatism; with others it developed into pneumonia. Many exhibited hemiplegias.

In the latter catalogue was Sir Edwin Arnold. He had suffered all these complaints in turn, and with the palsy he finally succumbed. Our well known citizen, Marcus A. Hanna, was another conspicuous example. A few weeks later the ex-Queen of Spain, Isabella II., fell sick and died with the same disorder and manifestations. Others equally prominent may also be enumerated.

Dr. William F. Templeton, of Glover, Vermont, had been for many years, as a public spirited citizen, a generous man, and a superior practitioner. His father and brothers were also physicians of rare merit. Dr. Templeton was very popular, and was chosen repeatedly to represent the town and county in each branch of the Legislature. His health finally gave way to his exertions. In February, 1903, he was seized with "grippe," but though seeming to convalesce, he did not really recover. Finally, in April, 1904, he was taken with hemiplegia, and died on the 7th of May.

Doubtless the presence of "grippe" has been largely due to the condition of the atmosphere. The winter has not only been persistently cold, but the air has seemed to contain some noxious element. This may be imaginary; nevertheless the complaints akin to influenza have been epidemic and unusually fatal. Persons whose pursuits have been sedentary or in doors have suffered severely from the enfeebling conditions.

It may not be amiss to repeat the statement of Prof. Bevans, of Rush Medical College. At the meeting of the Chicago Medical Society in January, Dr. Bevans affirmed that there was no known remedy for pneumonia. Other members of the Society were startled by the unequivocal statement, and made vigorous protests against it, but finally acknowledged that it was true.

It is evident, in view of the prevalence and fatality of influenza, pneumonia, and other ailments incident with persons of similar diathesis and tendencies, that the nature and causes should be diligently studied. The nervous system is the first to be impaired. There at the nerve centers the soul and body meet and are at one. When they suffer radical injury the effort is to disconnect the life from the organ-

ism, and so to subject the body to the forces of disorder and disintegration. Those parts which are weakest and most susceptible are first to show symptoms of the malefic influence, and take on the form of disease to which they may be liable.

Rheumatic complaints have been unusually frequent. The exanthems are also prevalent. Measles, diphtheria, scarlatina, and typhoid have been very common, and indeed are so still. It is not well to be alarmists, even in the midst of a ravaging pestilence, but it is proper to foresee evils and guard against their approach. And it is by no means unlikely that with the degeneracy of constitution entailed by influenza and other agencies, some visitation may come as a reaper to gather in the harvest.

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#### BELLADONNA.\*

By J. S. Niederkorn, M. D., Versailles, O.

**B**ELLADONNA is a remedy deserving the most intimate consideration of the up-to-date therapist. It is not necessary that I contrive a scheme in mind in order to substantiate the assertion that many medical men of today know comparatively little concerning the positive medicinal qualities of Belladonna, and less concerning when and how it should be exhibited in order to best obtain its real value as a medicine. None of us know it all, but there are too many who do not understand the remedy as they should.

There can be no doubting the fact that the promiscuous prescribing of remedies is incorrect; and by that I mean the practice of prescribing medicines irrespective of real pathological conditions, and that of exhibiting them because some one recommended that they be employed in this or that disease, is no good practice and far from correct.

The laity in general understand that Belladonna is an energetic, narcotic poison, if taken in excessive and inordinate doses—it is to be noted and a fact attractive of particular attention, that the doses recommended by many medical men are, if therapeutic effects are desired, exceedingly excessive; for it certainly is one thing to get the physiological effect of a drug, and another to obtain its therapeutic result. And it is also a fact that drugs known to be active poisons prove to be some of our best medicines.

Belladonna kills by exhausting the powers upon which circulation and respiration depend—it paralyzes cerebro-spinal centers probably more by its primary effect upon the sympathetic than by its direct effect. Before its paralyzing influence is exerted, its effect as a circulatory and a cerebral excitant is particularly noticeable, cerebral disturbances being exceedingly prominent. Large doses paralyze, small doses stimulate, and it is through its action upon the nervous system that its circulatory effect is obtained. It is said of Bella-

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\* Written for Lloyd Brothers' "Drug Study—Belladonna." Published by consent.



donna that if given in continued large enough doses to dilate the pupils, its usefulness as a remedy is lost, in so far as concerns its specific action. To be able at all times to exhibit the remedy in such manner and doses as will best exhibit its specific action is of far more importance to the therapist than it is to administer it merely to the extent of receiving its physiological effect and then discontinue its use. Whilst it is true that the physiological effect of a drug is sometimes desirable, it is equally true that the therapeutic, or rather specific action of a remedy is usually what we are interested in. The specific action can best be obtained by the careful observation of pathological conditions which have been known to be relieved by the remedy, the size of the dose and the employment of a reliable preparation of the drug.

On account of the uniformity of strength, it has been our custom to use the Specific Medicine Belladonna, and at this time we entertain not the least desire to discontinue its use. Thousands of physicians highly esteem that preparation of the drug and employ it exclusively. To those unfamiliar with the specific medicine Belladonna, it may be well to advise that if large doses of the drug must be administered, and specific action is desirable, this preparation of the remedy had best be let alone, for, owing to its energy, results will not be satisfactory, and the preparation will be wrongfully condemned. When dosage is mentioned during the following explanation, it applies only to the Specific Medicine.

The direct specific indication for Belladonna is impairment of the capillary circulation, with congestion. With this condition always before us, not much difficulty will be experienced to find its exact place in therapeutics. In acute disorders, where there is inclination to dullness or stupor, or where these conditions really exist, pupils dilated, face pallid and expressionless, cerebral congestion, sluggish capillary circulation, extremities cool,—all these call for Belladonna, *but in small doses*. It stimulates capillary circulation by its decided influence upon the vaso-motor centers and nerve peripheries; is a direct and powerful stimulant to the sympathetic and the heart, exercising a powerful influence in enfeebled heart's action and depression of the sympathetic influence.

Whether child or adult, if during the course of disease our patient shows a decided disposition to sleep, there is dullness of intellect, dilated pupils, oppressed pulse, eyes partially open, all indicative of cerebral congestion, Belladonna is indicated. There is a condition of chilliness, skin pallid, pulse full but oppressed, dull, sleepy headache, indicating capillary stasis, which Belladonna overcomes. Those dull, heavy headaches, where pain is constant and where there is a feeling that if it were not for the pain, the patient could sleep, the remedy promptly relieves.

In cerebral or spinal congestion, acute or chronic, where there is a dull, heavy aching and fullness in the head, drowsiness, eyes dull,

pupils dilated, or a condition of apparently threatening apoplexy, Belladonna is a positive remedy. Sore throat, where the mucous membranes have a dark-red, dusky color, capillary engorgement plainly evidenced; at the onset of or threatened inflammatory conditions, pneumonitis for instance, to relieve the capillary engorgement and prevent local effects, the remedy is indicated. Persistent inclination to sleep, accompanied by vomiting, is relieved by it. So is whooping cough, where there is also the characteristic dullness, hebetude, and impairment of capillary circulation.

In the exanthemata, especially the congestive forms, scarlatina in particular, eruptions are tardy, the skin appears congested and patient is drowsy, the remedy proves of true value. In meningeal inflammations, especially in the subacute forms, temperature several degrees above normal, skin cold and moist, eyes dull, pupils dilated, head drawn back and is being rolled from side to side, eyes partly open during sleep, the remedy is directly indicated. Post-scarlatinal nephritis is a frequent condition relieved by Belladonna; so are other cases of renal capillary engorgements.

In all of the foregoing conditions the remedy proves its best results when given in small doses;—from five to eight drops are added to four ounces of water, and this solution is given in teaspoonful doses every hour, or every two hours. The condition commonly called diabetes insipidus, where extremities are cold and there is feebleness of the sympathetic, and incontinence of urine, when there is relaxed tissues and an engorged circulation, Belladonna will cure, but the dose usually is larger—say one third to one-half drop doses, in children not so much. Its value in night sweats is unquestionable, and to arrest secretion of the mammary gland its action is prompt. I have seen exanthematous eruptions follow the administration of small doses of the drug; these were similar to the eruptions of scarlatina, and disappeared promptly with the withdrawal of the drug. And I have seen cases where the usual conditions calling for Belladonna were present, but the pupils were contracted; still, the agent seemed to exercise its usual beneficial effect. Neuralgic conditions, neuralgic dysmenorrhœa, where cool extremities and chilly sensations are marked, will be promptly relieved by the remedy, the dose being somewhat larger. I believe it to be a prophylactic against scarlet fever, if given in small doses; and if administered early in that disease, the eruptions will more readily appear and renal congestion will be avoided.

I believe Belladonna to be particularly a child's remedy, and know that the dose must be small if beneficial results are to be obtained. Active delirium during fevers, where there is cerebral congestion and surface circulation is markedly sluggish, dusky appearance of skin, will be subdued if the remedy is given in grain doses of the 3x. Deep aching of loins or back, with a sense of heavy fullness, will be relieved by one-third drop doses; so will the aching and chilliness

often present during a "cold" or preceding fever or grippe. In constipation, when the sphincter ani is abnormally contracted and there is local capillary congestion and lack of secretion, Belladonna is indicated.

In "run down" individuals, where there is indisposition to exertion, extremities are cold, nervous debility, when it is desirable to stimulate, this agent alone, or combined with any other indicated remedy, will produce salutary effects.

Belladonna has proven valuable in other conditions farther than those mentioned. Salivary overactivity can be controlled by it; epilepsy or epileptiform convulsions, when congestion exists, are benefitted by its use; it is known to cure certain cases of rhus poisoning and erysipelas; mastitis and orchitis are relieved; as an antidote to opium it is well known, and its influence in particular eye affections is pronounced. In eye affections, however, we do not usually depend upon the internal administration of Belladonna for results. Owing to its special adaptability in ophthalmic work, it is customary to exhibit sulphate of atropine, a poisonous alkaloid obtained from Belladonna, and even in the eye, particular care must be exercised in using the alkaloid, in order to avoid doing mischief or irreparable harm. The cases in which atropine is applicable should be selected according to conditions, and these distinguishing points are made clear to us in works devoted to this particular kind of affections.

It is true that the name of a disease can sometimes suggest a line of treatment, or at least it may give a fair intimation as to what would seem proper; but there certainly could be nothing definite about the selection of remedies in such instances. Positiveness in medicine can not be reached that way; uncertainties arise too frequently and lead to promiscuousness; hap hazard selections will be made, and this leads to loss of confidence in medicine. Definite conclusions can be arrived at only by carefully observing the different phases of disease, and then select the remedy accordingly.

I have said that the direct indication for Belladonna is impairment of the capillary circulation, with congestion. Feeble innervation, feeble and sluggish circulation with tendency to drowsiness or coma, dilated pupils, cool extremities, describe it pretty well. Now, it matters not whether it is the skin, spinal chord, cerebral, cerebro-spinal centers, or where or by what name the disease present has been called; if such conditions as I have mentioned are present, Belladonna is the remedy. We have external manifestations of disease, and these, as evidenced to our senses, are called symptoms. Symptoms are disease expressions, through which we arrive at positive conclusions concerning the existing wrong; symptoms guide us to the seat of the trouble; symptoms are indicative of pathological wrongs, and if they are, what is wrong about selecting symptoms as our guide to positive medication?

Belladonna will relieve the array of conditions above mentioned, and we recognize those conditions by nature's evident display of distress. But the dose of the remedy must be in the proportion as taught us by experience; small doses must be used if its specific effect is desired.

#### PUERPERAL ECLAMPSIA.\*

By R. C. Wintermute, M. D., Cincinnati, O.

**T**HERE is nothing in the pathology of the puerperium that presents a more interesting subject for study and investigation to the physician than Eclampsia; particularly is this true as to its causes or etiology, and treatment. The symptoms are so pronounced and characteristic that a diagnosis should never be in question. The spasms are epileptiform in appearance. Puerperal Eclampsia occurs about once in every 300 cases. There is greater likelihood of the trouble in first pregnancies, something over three-fourths of the cases occurring in primiparous women; it is considerably more frequent in multiple than in single pregnancies, likewise in women illegitimately pregnant. The immediate onset may be governed by circumstances and conditions; it may occur late in gestation, during the progress of labor, or in some instances not until after parturition. The alarming manifestation and sudden appearance of an attack has given the name Eclampsia from a Greek word signifying, "to flash out—lightning like." The paroxysms begin with a drawing, twitching and clonic contraction of the muscles of the face, trunk and upper extremities, and continue to increase in intensity until they are involved in true tonic spasm; in the severer cases the lower extremities are violently contracted, while the body assumes a profound state of opisthotonus.

In some cases certain prodromal symptoms may give an intimation of approaching trouble, as disturbed or double vision, specks before the eyes, sharp pains in the head, dizziness, staring expression, jerking of the face muscles, incoherent speech, and often great restlessness or stupor. Convulsions will be more frequently encountered at the time of labor, and are most likely during the active throes of the second stage.

There have been numerous theories advanced as well as considerable investigation made along various lines looking to the cause of puerperal spasms; this is of special concern to the physician in the hope that there may be instituted some specific pre-eclamptic treatment or satisfactory prophylactic measures.

There is no doubt in our judgment but that the immediate or exciting cause may be attributed to renal inadequacy or insufficiency; but the question naturally follows, why should such a condition ex-

\* Read before the Tennessee State Eclectic Medical Society, and published by request.

ist at this time? What is the primary cause, the contributing features, the reason for such marked predisposing tendencies?

It appears quite clear that the impairment of kidney function may depend upon or result from two conditions: first, some disorder or lesion of the organs, especially chronic nephritis antedating the beginning of pregnancy in its existence; or secondly, result (as it would appear in most instances) as a consequence of pressure of the greatly distended uterus upon the kidneys or ureters.

As a consequence of defective action of the kidneys much of the excrementitious waste of the system, as well as the excess peculiar to pregnancy, is retained in the system or blood—that should and would have otherwise been eliminated by the kidneys. In proof that the renal insufficiency arises from pressure (except in the event of disease), the convulsions following, we might cite—it doesn't occur earlier than advanced gestation; the frequency in primiparity, owing to the rigid condition of the abdominal walls; the fact of its being ten times as frequent in twin or plural than in single pregnancies, because of the greater pressure and excess of excrementitious material; that there is usually a remission in the intensity of the symptoms after the waters break; as well as the frequent cessation of the spasms with the completion of labor. The further results of defective action is a toxemia or autointoxication; the presence of the toxins producing certain pathological changes, resulting in the eclamptic paroxysm.

The autointoxication, it is believed by several of our most recent investigators, is due to the circulation of some poisonous substance in the blood, which gives rise to thromboses in many of the smaller vessels, with consequent degeneration and necrotic changes in the various organs. We are ignorant as to the material retained, or the offending substance. It is believed by some that owing to the pressure, there results a fibrin ferment from the placental cells, making the thrombotic process possible.

In many of these cases albumin will be recognized in the urine; there may be a condition of superalbuminosis. Albumin may be present in large quantities in a certain proportion of cases, without a sign of puerperal convulsions! Albuminuria, however, must be regarded as an important precursor of an existing toxemia that may manifest itself in the eclamptic seizure. The tendency today, it would appear, is to ascribe the convulsion, as well as the albuminuria, to one and the same cause, viz., the presence in the blood of a certain toxin.

When it is possible to do so, frequent examinations of the urine should be made in every case of pregnancy, probably once every three weeks up to the period of quickening, and once a week during the remainder of gestation will answer. The quantity passed should always be carefully noted, whether it be below the normal amount. In the analysis a specimen should be taken from the entire amount

voided in a given twenty-four hours, in order to arrive at definite conclusions. In the judgment of a number of our most prominent students the gradually increasing pressure of the uterus upon the abdominal aorta, inferior vena cava or their large branches, may also contribute to the disturbance of normal elimination. Many of our German writers are of the belief that the renal inaction produces an uremia, and that urea is the toxic element, that it changes through the decomposition of the urea to carbonate of ammonium—thus a condition of ammonemia follows.

Oppler claims that the exciting cause *is not* retained urinary products in the blood, but that it results from a chemical metabolism in the tissues. Kreatin or kreatinin (a substance from the juice of flesh) is present in increased quantity during late gestation, and this is believed by not a few to be the exciting cause.

Many of the foremost obstetricians of the day champion the belief that the trouble may be attributed to the child—as the products of foetal metabolism, resulting in the presence of acetone in such quantities as to produce a condition of acetonemia. It is further claimed that the uremic symptoms usually disappear on the death of the child.

Nervous excitability, irritation of the uterine nerves, extreme anemia, as well as excessive hydræmia, may all result as a consequence of pressure of the gradually developing uterus, and there can scarcely be a doubt that in some instances they should be regarded as contributing causes at least of eclampsia, and under all circumstances are conditions that render the patient more susceptible to the trouble, and should not be lost sight of as well founded etiological factors. There can be no question but that the retention of urea, kreatin, acetone and other excrementitious in the blood, *must* result from the inability of the kidneys to eliminate them, and it would appear that this fact sheds considerable light in the direction of what must be done under ordinary circumstances to prevent the oncoming of eclamptic paroxysms.

Certain cases are no doubt partially due to the pressure upon the liver, which so alters its function that it fails to render innocuous certain poisonous products of metabolism during their passage through it. Several of our French writers have long tried to substantiate the claim that the source of the trouble was the placenta, among others, Favre having found micrococci in the placenta, believed he had discovered the cause! While again it was attributed to the presence of white infarcts of the placenta, resulting in the impairment of its nutritive function. Blanc, of Lyons, also found in the urine a special bacillus, which he believed to be the cause of the eclampsia.

Spiegelberg, after exhaustive study and research, finally came to the conclusion that the spasms were due to reflex irritation of the uterine nerves, probably the result of pressure.

It will thus be observed that authors are considerably at variance with one another in an endeavor to determine the cause of eclampsia, and while each theory has much to commend it, and probably under certain circumstances may contribute to the development of the trouble, that which appears to us as most reasonable, and upon which the majority of our recent investigators base their judgment, is that the direct cause is owing to the presence in the blood of an excessive amount of effete material from both mother and child, which, failing to be eliminated by the kidneys, induces a general vaso-motor contraction of the arterioles of the body, affecting as well those of the base of the brain. As a result of this contraction the deeper portions of the brain experience a sudden, acute anemia, while the blood is driven violently to the more superficial portions, which become correspondingly intensely engorged. The irritation of the cells of the brain cortex from this excessive supply of blood terminates in the eclamptic seizure.

The history and nature of the case should readily determine the diagnosis; it should never be difficult, as has already been intimated. The typical and characteristic features of the paroxysm should enable one to differentiate at once between apoplexy, epilepsy and hysteria, the only other conditions with which it could be confused or confounded.

The prognosis must always be governed by conditions of each individual case; it should be necessarily guarded. The mortality, as usually reported, is something like 33 per cent. Statistics gathered from a number of eclectic physicians, however, give the death rate at about 20 per cent. Maternal death usually results from asphyxia, apoplexy, cardiac syncope, pulmonary edema, and puerperal sepsis; while death to the foetus may be attributed in most instances to asphyxia or placental apoplexy. The treatment of eclampsia is limited to a comparatively few agents, and during the paroxysms consists of means looking to the moderation of the spasms, or holding them in subjection until the distension of the uterus may be relieved by the delivery of its contents. The earlier eclectics relied chiefly on powerful antispasmodics, and the comp. tincture of lobelia and capsicum was usually prescribed; gelsemium was probably the next means to be suggested, and gave very satisfactory results in many instances, as is true today when indicated; the delivery of the child was hastened as rapidly as was consistent with safety. While this method strikes one at the present day as rather crude or primitive, it nevertheless, though simple, gave much better results than the prevailing treatment of the time, viz., the most heroic blood letting. Chloroform should probably head the list of agents in general use. It should be continued to the extent of complete relaxation, and subduing the paroxysm. Morphia should follow in from  $\frac{1}{4}$  to  $\frac{1}{2}$  gr. doses sufficiently often to prevent, if possible, the recurrence of the convulsions. Dilatation usually occurs within a reasonable time, when delivery should be encouraged as

expeditiously as conditions will permit, since there need be but little hope of the paroxysms permanently yielding until the termination of the second stage of labor at least. In some cases mechanical dilatation will be necessary and delivery hastened by some method of *accouchement force*.

*Veratrum* is a remedy that has also been very highly extolled. Many believe this agent to be almost infallible in eclampsia. The dose must be large—15 to 20 drops frequently repeated. It is claimed that if the heart's action be kept below 65, convulsions will not occur. With others potassium bromide and chloral are thought to give better results; the dose should be from 20 to 30 grains per rectum, repeated as conditions require. *Jaborandi* is also frequently administered; it should be given guardedly, however, owing to the oppression to respiration that occasionally follows.

Large quantities of salt solution it is claimed will prove a valuable adjunct to the general treatment; it has the effect of diluting the blood and depleting the toxins, and powerfully stimulating the kidneys, so that the flow of urine—it is so reported—has been increased 300 per cent. Compression of the carotids may temporarily arrest the severity of the symptoms.

Where symptoms are present during gestation, as swollen extremities, headache, albumin in the urine, in addition to those already named, the probable outcome should be anticipated, and an immediate pre-eclampsic treatment instituted. This should consist of measures to stimulate excretion and elimination. Normal action of the bowels and kidneys should be solicited. Comp. powder of jalap and senna, croton oil, the magnesium salts, infusion of digitalis, as well as Hunyada or Rubynat waters, are among the agents to be remembered. Diet is an important matter at this time; solids should be prohibited, and foods should be light and taken sparingly. Milk will probably serve the best purpose, and as nearly an exclusive milk diet as possible should be advised.

NOTE.—In preparing the above article, we have consulted the works on obstetrics of Hirst, Jewett, Dorland, Williams, and others.

### THE TREATMENT OF MEASLES.\*

By Benj. L. Simmons, M. D., Granville, Tenn.

**N**ORMAL Measles, or simple, uncomplicated cases, need but little treatment. Plenty of cold water to drink, a little *sp. asclepias* and *lobelia*, with minute doses of *aconite*, and occasionally if indicated, a little *sp. gelsemium*, constitute all the necessary treatment in mild cases. Of course a fluid diet should be enjoined, and the temperature of the sick room should be kept from 68° to 70°. Getting the patient too hot, especially when the eruption is out, is more dangerous than too much cold.

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\* Read before the Tennessee State Eclectic Medical Society.



Teas are fashions, and too free a use of them may become quite hurtful. They do not necessarily eliminate poison nor hasten eruption. In all uncomplicated cases of measles the rash will appear in due time, for the cuticular surface is the rubeolus goal. Therefore, if the eruption is held back by some complication, remove the complication, and the eruption will manifest.

I have stated that the cuticular surface is the rubeolus goal. That is true; for when it reaches its goal, that is to say, the eruption being fully out, the fever ceases and the constitutional disturbance rapidly disappears. In that respect rubeola denies kinship with scarlatina and variola. As a rule, the more profuse the eruption in scarlatina, the more intense the fever. As a rule the variolus fever declines, then the distinctive eruption appears.

But I have said that simple, uncomplicated measles needed but little notice. There are cases severe and distinguished by blood depravation early in the febrile onset. When the blood depravation is remarkably assertive, the eruption, if present, is dark, and what is known as black measles is existent. For the blood depravation we study *sp. baptisia*, *sp. echinacea*, etc.

Again, diarrhea may ask your attention. Of course you know that about the time of desquamation, a simple diarrhea is common and needs but a few doses of bismuth subnitrate to route it—quits of its own accord often times. But cases of diarrhea, most stubborn and intractable exist, and especially if the liver doctors (?) have surcharged the intestinal tract with drastic purgations. Such cases the physician must study and treat as specifically indicated.

The measles cough frequently requires attention. If *drosera* does quite well in some cases, *sp. bryonia* better in others, and in still other cases, the stimulating cough syrups are preferable. In a recent epidemic of measles I have observed in several cases a remittent type of fever sequential to the measles. The evening temperature would rise to 104° and 105°, while the morning temperature would be from 100° to 101°, rarely 102°. The cases yielded pleasantly to treatment in three to six days.

Both the complications and sequelae of measles, as typhoid conditions, broncho-pneumonia, laryngitis ophthalmia, otitis, glandular lesions, etc., require study, and should be treated as specially required.

#### POLYMNIA UVEDALIA.\*

By. A. B. Young, M. D., Brownsville, Tenn.

**SYNONYMS.**—*Helleborus Foetidus*, Bear's Foot. This remedy is pretty generally found growing in the highlands of nearly all parts of our South Land. The root, which is fat and oily, is the part of this plant used in medicine, given both internally in the form of

\* Read before the Tennessee State Eclectic Medical Society.

an alcoholic tincture, and used as a local application, made into an ointment with adeps. But the specific Polymnia, as prepared by Lloyd Bros., is representative of the drug, containing its oleoresin in full form. And this is the preparation of this drug, as well as that of nearly all of our herbivorous or botanical preparations, that I would recommend, and doubtless a large majority of our men would say likewise. When dropped into water a milky mixture results, and later on a sediment follows, so that we have to direct that the bottle be shaken before taking, when given in this way. Probably in time our enterprising pharmacists will find a way to avert this as well as the unsightly sediment thrown off in the aqueous mixture of many of our excellent specific medicines. The specific indications for the remedy are full, sodden and inelastic tissues, or enlargement or hypertrophy of the glandular system, as of the liver and spleen, and it has favorably influenced the hypertrophied uterus. It thus possesses similar qualities as the helleborus niger, or black hellebore, in removing low inflammatory deposits, chronic metritis, uterine hypertrophy and subinvolution, occasionally being found useful in chlorosis and amenorrhea. Polymnia powerfully affects those parts supplied with blood by the branches of the coeliac axis, it being a remedy for congestion of these parts, and it should not be forgotten in hepatic and pulmonary engorgement. But the most potent and direct action of this remedy is found in its action upon the spleen. Given internally in small doses, and applied warm locally by rubbing the ointment in well over the splenic region, it forms the most certain remedy for all splenic enlargements, and especially for that condition known as chronic ague cake. I have seen it work wonders in these cases, and would advise all who have not used this remedy in enlargement of the spleen to give it a trial in these troublesome cases. Given in large doses Polymnia acts as an emeto-cathartic, producing painful evacuations with severe emesis, and if pushed produces gastrointestinal inflammation, dizziness, convulsions, and even death. In this capacity it also acts as an anthelmintic, and it has been used by some, given both in powder and fluid form, for the removal of tapeworm. The dose of Lloyd's Specific Medicine Polymnia Uvedalia ranges from one drop to half a drachm.

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#### SERUMS.

By W. N. Mundy, M. D., Forest, O.

OUR attention has been directed toward the serums most forcibly by reason of a rather unpleasant experience with the anti-diphtheritic serum. Two thousand units of a standard preparation were injected in a bad case of diphtheria. Result, a pulse of 130 dropped to 60 in less than six hours, notwithstanding the energetic use of alcoholic stimulants. Result, death from cardiac paralysis in forty-eight hours.

It is hard to convince one that a remedy capable of producing such an effect is not a dangerous one. When we think of the method of its production, and the processes of reasoning which lead to its production, we can perceive but little advancement between these products and some of the mysterious mixtures or mysticisms of the ancients.

In one of the accepted year books lying open before us, we read as follows: "The important features of the year's progress are, it is believed, faithfully presented in the following pages: \* \* \* Of the serums, antimorphin seems promising, antiplague more satisfactory, antistreptococcus of improved standing, and antityphoid on the way to acceptance."

Turning forward a few pages we read thus: "L. Hirschclaff describes in detail a series of experiments performed on mice and rabbits that lead to the discovery of what he believes to be a successful antimorphin serum." This was made by producing a resistance substance by the injection of morphin, which is said to produce immunity to the action of morphin poison.

We also find mention made of antiplague, antipneumococcus, antiscarlatinal, antistaphylococcus, antistreptococcus, antitoxin and antityphoid serums. Personally we can not believe in the serum treatment of diseases. We feel it is not founded upon good reason nor sound pathological grounds. Disease is not an entity or body that it can be so combatted. On the contrary, we frequently find it a series of complications; various organs being affected one after the other, and in various degrees. For instance, in conditions attending a long continued suppurative process we find the liver, kidneys and the spleen undergoing an unalloyed degeneration. Does it seem probable that the antistreptococcus or antistaphylococcus will assist this condition? Verily, modern medicine is becoming a grave mystery. It smatters largely of the mysterious and of the black art.

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#### ANESTHESIA IN LABOR.\*

By M. M. Harvill, M. D., Nashville, Tenn.

**I**N no condition is anesthesia administered with that degree of success, and with such little possibility of danger, as in labor. The percent of death rate must be very small, as I have used it in possibly over hundred cases without a symptom of post-partum hemorrhage or any other alarming consequences.

I do not believe chloroform is admissible until the head of the child is engaged in the pelvic cavity, and then it is to be given, commencing with each uterine contraction, and withheld as soon as it is over.

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\* Read before the Tennessee State Eclectic Medical Society.

A good plan is to allow the patient herself to hold a handkerchief saturated with chloroform, or a cone made by folding a napkin or towel, to the face, while the pains are on, for when the proper stage of relaxation exists she can not hold the cone any longer, and it will drop to the side. There are conditions under which chloroform does not give the happiest results, on account of its tendency to diminish uterine contraction, and thus unnecessarily retard labor. In this event chloral may be given with nice results, say, fifteen grains every twenty to thirty minutes until two or three doses are given.

This produces drowsiness, and the patient dozes between each pain, so that the desired effects are produced, and the results are reasonably satisfactory.

In prolonged cases of labor, and where the cervix is rigid and undilatable, with nervous, cutting pains, I know of no remedy that acts more specifically than chloral hydrate.

Although ether and bichloride of methylene have been tried and recommended by some writers, it has never occurred to me to possess sufficient virtues to give them a test while in possession of what I deemed superior anesthesia.

As we have already stated, chloroform should be given intermittently and not continuously. Generally speaking, chloroform should not be given until the os uteri is fully dilated, the head descending and the pains becoming propulsive. It has often been administered early for the purpose of aiding the dilatation of a rigid cervix, and with some success, but for these early manifestations I much prefer some of our specific partus preparators, such as *macrotys*, *lobelia*, *gelsemium*, *nux vomica* or black haw, either singly or in combination.

The higher degree of anesthesia should never be produced, that when it is properly administered, consciousness should not be abolished entirely, and the patient between the pains should be able to speak and understand what is going on about her.

This intermittent administration of anesthesia constitutes the safety of chloroform in labor, and no doubt accounts for so few deaths in its administration. Just before the child is born, when the pains are strong and forcing, and the head is distending the perineum, and not until then, is chloroform given to the extent of complete insensibility.

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**ERRONEOUS NOTIONS ABOUT FRUITS.**—There are many popular but unfounded prejudices against the dietetic use of fruits. It is generally supposed, for example, that fruits are conducive to bowel disorders, and that they are especially prone to produce indigestion if taken at the last meal. The truth is the very opposite of these notions. An exclusive diet of fruit is one of the best known remedies for chronic bowel disorders.

## BRYONIA.\*

By J. W. Pruitt, M. D., Only, Tenn.

I WANT to say in the way of preliminary, that it's not my purpose to set forth anything strange or new in regard to Bryonia, but to bring before your minds a few facts in regard to the remedy, as a rehearsal, that its importance may not be neglected nor its use become obsolete. I might say right here, too, that as a matter of personal experience, if the remedy were stricken from the list of our therapeutical agents we have no reliable substitute; still, not a few times do we meet disappointment when we expect wonders from the administration of Bryonia.

Take for instance, rheumatism, and what does it offer? In this disease we more often meet with failure than success from its administration; still there are a small minority of cases in which it will respond satisfactorily, and these are the cases in which the synovial membranes are influenced.

Prof. J. M. Scudder gave as its indication, frontal headache extending to the occiput.

The homeopaths give Bryonia a name two or three times as large as it deserves, but my humble opinion is that Mother Nature in this, as in a great many other instances with them, "kind alike to all," acts as the vicegerent in the case while they place the "laurel wreath" upon the brow of their infinitesimals.

In cerebral congestion, with frontal pain or subacute hepatitis with tension-stitching pains, we have in Bryonia a remedy upon which to rely. But to agree with some in saying, "I want no better liver medicine," or to make it a universal liver medicine, is attaching too much importance to the remedy, and when it's weighed in such a scale it will be found wanting.

All those who have painstakingly used Bryonia will readily agree with me that its main field of usefulness is in acute diseases affecting the thoracic cavity, such as colds, la grippe, bronchitis, pleurisy and pneumonia, etc. In these troubles Prof. John H. Goss, than whom there are few greater medicationists, has for his indication a dry, irritative, hacking cough, or to use his own words, a "Bryonia cough." Then add 15 or 20 gtt. Bryonia to 3iv aqua and give one teaspoonful every two hours. To this add aconite or veratrum and ipecac as indicated. Nor do I rely upon these solely as a treatment, but employ any other agents which the nature of the individual case demands. In any case to the above named indications for Bryonia add: Pain in right orbit, flushed right cheek, and alternate periods of heat and chilliness, and the indications are all the more certain and the results generally all that could be desired.

I've never employed Bryonia in chronic diseases.

Form for administration, Lloyd's. Dose, one drop every two hours.

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\* Read before the Tennessee State Eclectic Medical Society.

Ohio Board, June 13—15, 1904.

## ANATOMY.

1. Describe the scapula.
2. Describe the elbow joint, giving the articulation of the bones forming it.
3. Describe the circle of Willis, and make drawing of same.
4. Describe the formation of (a) the superficial palmar arch, (b) the deep palmar arch.
5. Name the branches of the axillary artery. What is its relation to the veins and nerves?
6. What anatomic structures would be cut in an amputation of the middle third of the arm?
7. Give the origin, insertion, nerve supply and action of the following muscles: sterno-cleido-mastoid, triceps, pectoralis major?
8. What muscles are attached to the upper third of the tibia?
9. Describe the spleen, giving location, color, shape, blood and nerve supply.
10. Name and describe briefly the divisions of the alimentary tract.

## PHYSIOLOGY.

1. Indicate the essential difference in fetal and adult circulation.
2. (a) What is the origin of lymph capillaries?  
(b) What produces the flow of lymph current?  
(c) Define lacteals, chyle, thoracic duct.  
(d) What areas does the thoracic duct drain?
3. Define reflex action.
4. Give function of ciliary muscle.  
Give function of canal of Petit.  
Give function of choroid coat.
5. (a) Define systole—diastole.  
(b) Give action of vagi on heart.  
(c) Name circumstances which influence blood-flow.
6. What are the various functions of the bile?
7. Locate and give function of Auerbach's plexus. Locate and give function of Meisener's plexus.
8. Indicate difference in function of various glands of mucous membrane of stomach.
9. What are the "organized ferments" of the intestinal tract?
10. Define peristaltic action. Describe the mechanism of the same.

## MATERIA MEDICA—ECLECTIC.

1. Give the common and official name of macrotys, the preparations, doses and indications for use.
2. Give the same of phytolacca.
3. Of rhus tox.
4. Of podophyllum.
5. Of pulsatilla.
6. Of belladonna.
7. Of chionanthus.
8. Of cantharides.
9. Of asclepias.
10. Of apocynum.

## PHYSICAL DIAGNOSIS.

1. By what physical signs can aortic obstruction be distinguished from aortic incompetency?
2. Make the differential diagnosis between bronchiectasis and pulmonary tuberculosis with cavity.
3. What signs and symptoms point to a lesion of the anterior portion of the posterior limb of the internal capsule?
4. Make a diagnosis between hydropericardium and pericardial effusion.
5. Describe Traube's semilunar space and name the conditions that obliterate it.

6. By what signs can free air in the abdominal cavity be recognized?
7. Bound the epigastrium and name the organs found in it.
8. What characterizes respiration in spasmodic asthma?
9. What conditions give rise to bronchial breathing, and in what diseases is it heard?
10. Name the lesion which causes a murmur in the mitral area during diastole of the heart.

## PRACTICE OF MEDICINE.

1. Name some of the causes, the symptomatology, and the pathologic changes of arterio-sclerosis.
2. What diseases cause loss of co-ordinating power?
3. When in typhoid fever is Widal's test available? What are some of its limitations?
4. Define eczema and name some of its varieties.
5. What is acute leukemia? Describe the changes in the blood by which a diagnosis can be made.
6. What is hemophilia? Give its clinical history.
7. Group the signs and symptoms which portend approaching convulsions in anemia?
8. What does the presence of indican in the urine signify?
9. How treat opium poisoning when the drug is taken by mouth?
10. What suggests the imminence of coma in diabetes?

## SURGERY.

1. Give the symptoms of fracture of the base of the skull
2. How would you diagnose and treat fracture of the ribs?
3. What indications should guide us in the selection of an anesthetic?
4. Give the technique of amputation of the breast.
5. What are the various methods of administering ether?
6. What are the indications for trephining the skull?
7. Give causes, symptoms, and treatment of tetanus.
8. How would you reduce a dislocation of the inferior maxilla?
9. What are the general indications for the treatment of a gun-shot wound?
10. What is harelip? Give the treatment.

## CHEMISTRY.

1. Define inorganic and organic chemistry.
2. Define the meaning of the prefixes hypo, proto, bi, per, in chemical nomenclature. Give examples.
3. When are substances said to be chemically incompatible? Give formula showing a chemical incompatibility.
4. What are acids? What are salts? How are each produced?
5. Give test for arsenic.
6. Name the alkaline metals.
7. What are alcohols? How classified? Give an example of each class.
8. To what is the acidity of the gastric juice due? How would you determine same?
9. How determine the presence of organic matter in water?
10. How determine specific gravity, re-action, albumin and sugar in urine?

## OBSTETRICS.

1. Describe briefly the physiology of ovulation and menstruation.
2. What conditions of the uterus interfere with, or may prevent impregnation?
3. Why is abortion or premature delivery more dangerous than delivery at full term?
4. Why are occipito-posterior positions less favorable for delivery than the anterior positions?
5. What conditions tend to produce lacerations of the cervix uteri?
6. In case of firmly contracted uterus and persistent hemorrhage, what would you suspect, and what would you do?

7. How should lacerated cervix or perineum be treated?
8. How should the breasts be treated to prevent mastitis?
9. What is subinvolution, and what are some of its causes?
10. Give hygienic and therapeutic treatment of ophthalmia neonatorum

#### DISEASES OF WOMEN.

1. Give symptoms, diagnosis, and treatment of chronic metritis.
2. Give symptoms, diagnosis and treatment of tubal pregnancy.
3. Give etiology, symptoms, and treatment of anteversion.
4. Differentiate an ovarian cyst from ascites.
5. Differentiate tubercular from gonorrheal cystitis, and give treatment for the latter.

#### DISEASES OF CHILDREN.

1. What attention do the eyes of the new-born require?
2. Describe and give course and treatment of icterus neonatorum.
3. Give symptoms, course and treatment of scarlet fever.
4. Give symptoms, course and treatment of whooping-cough.
5. Give varieties and treatment of intestinal parasites.

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## SETON HOSPITAL REPORTS.

PROF. L. E. RUSSELL, SURGEON.

**CASE 76.**—Mrs. M., from Harrison, O., referred to the clinic by Dr. Bowles and Prof. Wintermute. Patient about 35 years old and considerably emaciated, the mother of three children. She had symptoms about as follows: May 1st, severe pain in the right iliac region, followed by intense griping pains in the lower pelvis and abdomen, together with constipation and a feeling of fullness in the lower part of the abdomen. There was also a continual flow from the uterus, which had greatly enlarged to the appearance of a three months' development. By inspection we found a large hardened mass in the right iliac region, which, on opening the abdomen, proved to be the attachment of the placenta to the head of the colon, engulfing also the meso-appendix and the appendix to such an extent that in the dislodgement of the placental mass the meso-appendix and the appendix had to be removed. This then carries the number of consecutive successful appendectomies to 101.

In addition to the removal of the appendix, on account of the destruction done by the rupture of the foetus through the right cornu of the uterus, and the amount of trauma in the pelvis, we were compelled to remove the uterus, ovaries and tubes, together with the five months foetus in Douglas cul de-sac. Drainage was made at this lower point on account of the excessive quantity of blood-clots, which could not all be removed, though at the time of the operation we took away an ordinary wash-basin full.

At the time of making this report, ten days following the operation, the patient's temperature is normal, and she seems to be making a good recovery, though, as one would suggest, it was a desperate case, taking everything into consideration.



## EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

### LINGUAL TONSIL.

*Synonyms.*—Buccal tonsil: fourth tonsil.

Back of the circumvallate papillæ and above the epiglottic attachment, a number of rounded elevations are located. These masses are adenoid tissue, the lingual tonsil. In the center of each mass is a small orifice leading into a central crypt lined with stratified pavement epithelium, and surrounded by adenoid tissue supported by the connective tissue elements of the part. At the bottom of each crypt there is the opening of a duct of a mucous gland.

The lingual tonsil is important both physiologically and pathologically. Owing to its location it has a close vascular and lymphatic connection with the tongue, upper portion of the larynx, pillars of the fauces and lateral pharyngeal walls. As a rule, there are from ten to twenty of these modified racemose masses. The location renders the tonsil peculiarly liable to irritation in swallowing, and also there is the same tendency to morbid changes as is found in other gland tissue.

#### ACUTE INFLAMMATION.

*Synonym.*—Preglottic tonsillitis.

*Etiology.*—An acute or chronic inflammatory process is the most frequent in this gland, being secondary to a systemic condition. It may accompany or follow the infectious fevers, tubercular or syphilitic conditions. In influenza, especially when the upper air passages are most affected, an inflammatory state often continues. Wrongs of the alimentary canal and auto-intoxication are often factors. Irritating smells or vapors may also have an influence.

*Pathology.*—The changes are practically those of simple acute or chronic inflammation. The mass is swollen, edematous, and is readily seen either by direct inspection or by means of the laryngoscope. The gland may sometimes be affected by inflammatory action of adjacent or surrounding tissues.

*Symptoms.*—The secretion is excessive, and there is a constant desire to clear the throat. Even after the membrane is cleared of secretion, there will be a sensation of a foreign body remaining. The patient frequently complains of the sensation of "swallowing over something." The use of the voice often causes aching of the throat and a roughness or hoarseness which is due to excessive secretion and the associated inflammatory action about the larynx. A persistent hacking cough may also be present. The sense of taste may be impaired or entirely lost. The sublingual glands and those at the angle of the jaw may be slightly enlarged.

When the naso pharyngeal tissues are involved in a general catarrhal condition and the uvula relaxed or elongated, the latter structure

may come in contact with the epiglottis or lingual tonsil, and be the cause of constant irritation and a hacking cough.

*Diagnosis.*—The laryngoscope mirror will show the prominent masses and retained secretion.

*Prognosis.*—Good.

*Treatment.*—The primary cause must be corrected. For the local lesion, *sp. phytolacca* and *sp. hydrastis* are most frequently indicated. If the secretion is tough, tenacious, and stringy, potassium bichromate in 1-100 gr. doses every three hours, will afford relief. Locally the use of the salicylic acid wash will be found beneficial in clearing away the secretion, and also in stimulating the glands to a more normal activity.

#### ACUTE PHLEGMONOUS INFLAMMATION.

This may be a primary condition, either associated with phlegmonous lesions of contiguous structures or resulting from a mechanical injury. Usually the entire tonsil is implicated.

*Symptoms.*—General febrile symptoms are present. There is pain localized in the region of the hyoid bone, and on one or both sides. There is considerable pain on attempting to swallow, and also much difficulty in swallowing. The pain usually extends to the ear. There is little if any difficulty in opening the mouth, but protrusion of the tongue increases the pain. Hypersecretion is usually marked. Edema of the glottis may be threatened in severe cases.

*Diagnosis.*—By digital examination and the laryngoscope.

*Treatment.*—If recognized early, an incision should be made, but the abscess usually ruptures spontaneously.

#### EYE DEFECTS OF STUDENTS.

Dr. E. J. Swift has been investigating the vision of the students at the State Normal School at Stevens Point, Wisconsin, and the following (*Ophthalmic Record* for March) is his summary:

1. Only twenty-two and twenty two-hundredths per cent. of the two hundred and sixteen students examined had normal vision.
2. Of those with normal vision only one failed to disclose some manifest error of refraction or muscle insufficiency.
3. Thirty-five of the forty-eight showed manifest compound hyperopic astigmatism in one or both eyes, while of the remainder four had simple hyperopic astigmatism, and four others hyperopia. In most of the cases more or less muscle insufficiency was evident.
4. In thirty per cent. of those examined the vision of one or both eyes—the most defective where there was a difference—was below twenty-thirtieths, while between nineteen and twenty per cent.—nearly as many as had normal vision—were unable to read the twenty-fortieths line a distance of twenty feet.

As in a former investigation, the tests included (1) the usual test of

each eye for vision, the sight of the other being shut off by an opaque disk ; (2) the card test for astigmatism ; (3) the Maddox multiple rod test for muscle insufficiency, and (4) diagnosing errors of refraction by means of the ophthalmoscope. The subject sat twenty feet from the test chart. Snellen's test charts were used.

#### VERNAL CONJUNCTIVITIS.

Dr. William C. Posey (*Journal American Medical Association*) describes thus the physical appearances of vernal conjunctivitis :

##### I. LESIONS OF THE PALPEBRAL CONJUNCTIVA.

(a) The most constant and perhaps the pathognomonic symptom is a peculiar bluish-white, milky appearance of the tarsal conjunctiva. Vetsch was the first to describe this condition, which is present in a greater or less degree in nearly all cases. In the few instances where it is not present the conjunctiva appears dull, infiltrated and thickened.

(b) The surface of the thickened conjunctiva may be smooth ; usually, however, there are a number of elevations which present a striking appearance, resembling the granulations of no other form of conjunctival disease. These elevations present a pale, pinkish, waxy appearance, and are quite flat, resembling plaques with crevices between. They are situated on the tarsus, the fornix being free, and are usually thickest in the middle of the lid. They are slightly pedunculated.

(c) In another and smaller group of cases the granulations are not so flattened, are yellow, semi-transparent, and cover more of the conjunctiva of the lid. These bear a close relationship to the granulations in follicular conjunctivitis.

In all three types the upper lid is the most affected, the conjunctiva of the lower lid being rarely more than thickened, with but a few elevations on it. The granulations are hard and gritty, this being especially true of the more rounded variety. A watery or mucous discharge is more or less constant, rarely it becomes mucopurulent, but never purulent.

##### II. LESIONS OF THE OCULAR CONJUNCTIVA.

(a) The limbus of the cornea becomes thickened and encroaches upon the cornea, forming a narrow ring of grayish yellow opacity, which encircles the cornea. The inner edge of this zone is sharply circumscribed ; the outer blends gradually with the surrounding tissue. This area of infiltration does not show any tendency to broaden and invade the central portion of the cornea, or to break down into ulcers.

(b) Large, yellowish red elevations, more or less circumscribed, appear at the limbus in the palpebral fissure, either on the nasal or temporal side, or on both. These are usually somewhat triangular in shape, but may be oval or quadrilateral. When the former the

base of the triangle is situated at the limbus, and is sharply defined from the corneal tissue, while the apex blends gradually with the episcleral tissues toward the equator.

(c) Under this class is included a combination of the first and second forms; in this type the entire limbus of the cornea is thickened and occupied by a series of irregularly rounded warty-like tumors, grayish yellow in color. The inner edge of the zone of infiltration is not so sharply defined as in the two preceding types, and at times the corneal tissue is encroached on to a considerable extent. No case has been reported, however, where this was sufficiently marked to affect vision.

(d) Ordinary saturated ulcers of the cornea, which sometimes result from pressure and irritation, occasioned by unusually large and hard granulations in the palpebral conjunctiva. The tumors or elevations which surround the cornea are like the granulations in the conjunctiva of the lids, hard, dense, and as a rule non-vascular. They are not painful on pressure.

It is extremely rare that the disease appears in the typical form, exhibiting the characteristic lesions of the tarsal and bulbar conjunctiva at the same time; though even in those cases where the elevations are most marked on the bulbar conjunctiva, there is usually at some time or other during the course of the disease, at least the milky haze, if not the characteristic granulations, on the tarsal conjunctiva. Terson has pointed out that often there is a kind of compensation between the tarsal and the pericorneal lesions, the characteristic changes being absent in one part when they are present in a marked degree in the other.

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## PERISCOPE.

### REGULAR MEDICINE TO-DAY.

The following under the heading, "Why the Quack?" is an extract from *Alkaloidal Clinic*:

There is no manner of sense in trying to ignore facts. We may wrap ourselves in the fancied dignity of our professional robes, stalk through the streets like another Faust, absorbed in the contemplation of our own grandeur, but meanwhile the butcher is clamoring for his pay, the robes are getting threadbare, and Billy needs new shoes. And while dust lies on our threshold undisturbed Quackibus on the main street needs an automobile to hurry him around to his office, where throngs await him anxiously. Nor can we delude ourselves by thinking it is the fools alone who flock to him. Not one only, but every quackish cult that rises numbers among its patrons the rich and powerful, the wise and great.

We are told that Germany supports over 100,000 quacks—illegal practitioners. In a population of about fifty millions, that means one to each 500 inhabitants. We have not by us data as to the number of legal medical practitioners in Germany, but it surely is not above one to 1,000; more likely one to 2,000. For every legitimate practitioner the German people support two to four quacks. And yet the latter labors under great disadvantages, in that he can not collect his fees by law, and newspapers publishing his ads are pecuniarily liable if the promises made are not fulfilled, and the true composition of nostrums is published, and if disapproved they may be forbidden.

Men should face difficulties manfully. Instead of consoling our pride with euphemistic sophisms let us ask ourselves squarely the question: Why do people prefer quackery to us? And they surely do.

The answer lies in the discredit of therapeutics at the present day. Very largely this comes from ourselves. Contemptuous expressions in regard to drug medication, uttered by alleged leaders in the profession, are bandied about, quoted with relish, repeated with endless variety by men who think because Oliver Wendell Holmes said a lie smartly, they may gain applause by saying the same thing over in different words. The fact is, whatever Holmes may have been as an anatomist, there is little evidence extant that he knew anything whatever about the therapeutics he was fond of decrying. The fact that he did not know enough to put up a prescription for asthma, but had to recommend a patent nostrum, fairly gauges his proficiency in this line.

But these things go to the people as the views of the greatest of physicians. They take root. They reappear in many forms. The idea of the doctor killing his patient instead of curing him is one of the stock jokes of the professional humorist, ranking with the plumber's diamond and the mother-in-law. And insensibly things said in joke come to be taken in earnest, through iteration.

Since Germany is the most pronounced in this desertion of the regular medicine for anything and everything irregular, let us study the state of regular medicine there and see what it offers the people.

1. *Therapeutic Nihilism*.—Surveying the field of clinical work, on which therapeutic applications are principally based, the illustrious pathologists, surgeons and bacteriologists, teachers and specialists, composing the university staffs, find it all so confused, contradictory and uncertain that they unload the whole mass and take refuge in mechanical appliances, ignoring the elements of vitality and drug action. The famous principle of "nihilism" has ruled regular medicine for many years. How can we blame our patients if they believe us when we declare our helplessness to influence their cases to a favorable ending? Quite naturally they turn to anyone else who holds out hope and claims the powers we abjure. Can we blame them? Would we not do the same thing were we in the same place? Don't we do it? How many "regular" physicians resorted

to Keeley, and now resort to "Osteopathy," to "Christian Science," Dowieism, et al.?

2. *New Remedyism*—The therapeutic efforts of Germany's physicians for many years have been confined to the exploitation of the novelties issuing in a constant stream from the German chemical works. We have not heard the cry of "commercialism" raised in regard to this matter, yet it is difficult to see how it can be avoided. Every last one of these remedies is proprietary, held rigidly under trade limits and sold at a generous profit; but all the literature we get from the European therapists relates to these articles.

An acute observer once said to the writer, when he recommended a prominent physician: he may be great, but it is singular that in all his life he has never learned anything as to therapeutics. He always advises the last thing recommended in the German journals. That is an admission that his whole previous experience has not given him a solitary fact in therapeutics worth retaining. And as each year he advises something new it is an acknowledgment that the things he so warmly urged last year have not proved satisfactory." It is difficult to find a flaw in this argument. The assumption that each new remedy is better than all preceding it is scarcely worth mention—certainly not deserving of consideration.

3. *Jackalism*. We do not know whether the German medical profession has resolved itself into a clique for the mechanical practitioners, as is so much the case here, but it seems inevitable that it should be so. Having lost faith in drugs it stands to reason that the doctor must avail himself of every mechanical device, surgery, specialty, applications, rest, exercise, the absurdly misnamed "physiological medication" methods.

This completes the doctor's abdication. He is now merely a sign-post, pointing the road to the surgeon, and only utilized by those to whom the road is not familiar.

Under the circumstances we no longer ask why people cease to apply to the regular medical profession, but rather we put the query, Why should they?

The basis of the whole trouble is the rotten foundation on which the old therapeutics stand. As long as this consists of uncertain and variable remedies the result of their use can be but uncertain and variable. When one has mastered the pathological condition and sees clearly what should be done to effect a cure, and then administers a remedy that he expects to cure, but which has no effect or makes the patient worse, how can the doctor help feeling disgusted? And what sort of a doctor is he who never knows what his remedies are going to do? We venture the assertion that for two thirds of the drugs prescribed by the entire profession, the doctor neither knows what the effect is going to be, nor does he really look for it. He gives a prescription—got it out of a book—the patient is better, and he rests there; or he is worse, and he hunts up another formula. But

as to knowing just what each element of that prescription is going to do, watching for that effect, recognizing it, giving just enough to get just the degree of effect he wants, and then enough to keep it up just long enough—say, doctor, did you ever do such a thing in your life? Really? Honest Injun? Except when you gave a physic, emetic or sweat?

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#### HOW TO ATTAIN LONGEVITY.

The subject of how to reach the age of one hundred years appeals with peculiar force to people of all classes, and whenever announced for discussion on the program of any club or society is sure to attract a big crowd; books or pamphlets dealing with the subject have always enjoyed a large sale. Philosophers may tell us that a long life *per se* is not at all such a desideratum; that it is of much greater importance how a person lives than how long he lives; that some accomplish in fifty years ten times as much as others in eighty or a hundred years, and that they consequently really live much longer. Nevertheless, practically everybody—with the exception of those who are condemned to a life of misery, mental anguish or physical pain—is deeply interested in prolonging his individual existence on this earth as much as possible. In the following lines we shall attempt to give a resume of the present-day ideas of our most eminent physicians and hygienists, as to the factors which make for long life and for a healthy, enjoyable old age.

*Heredity.*—This is still considered an important factor, and it is generally admitted that those descended from long-lived families will, *ceteris paribus*, stand a better chance to reach an advanced age than those descended from short-lived families. But it is conceded that the effect of heredity can be overcome, and that by judicious living those who are descended from short-lived families may reach a very advanced age. Let this be a consolation to those who were unwise in the selection of their grand-parents.

*Judicious Living.*—Many, many factors enter into this division, and we will consider each briefly.

*Diet.*—It is universally conceded by observers that, as a rule, we eat more than is good for us, and that perfect physical and mental health is compatible with a much smaller amount of food than that usually consumed. And he who lives on a frugal diet stands a better chance of recovery from disease and of reaching an advanced age. As to the character of diet, there is much difference of opinion, but this is the opinion of the majority: A mixed diet is the best, but meat should not be eaten more than once a day. Excessive meat eating is poisonous to the system, and is distinctly detrimental to health and life.

*Drink.*—Here we also give the opinion of the moderates and not the extremist on either end. With practical unanimity it is declared

that the strong liquors, like whisky and brandy, are to be severely shunned; if used, they are to be used in disease only, like strychnine and morphine are used, namely, with care and discrimination—like medicines and not like beverages. Beer may be used in moderation, but great care is necessary in the selection of beer. Many beers are very impure and injurious to health, and on the whole we are better off without them. Wine is more favorably thought of, but here still greater care is necessary. Many concoctions that pass off for wine are vile, artificial mixtures, pregnant with many possibilities of injury. But even with the best wines great moderation is imperative, and one point on which all are agreed is, that no alcoholic beverage of any kind should ever be taken between meals. It is only with the meals that their moderate consumption is permissible.

*Bathing.*—A change of opinion has taken place with reference to bathing. The cold morning bath is no longer considered a necessary adjuvant to good health. On the contrary, it is recognized that with the exception of very robust persons, the cold morning plunge may prove deleterious. A neutral or warm bath, or a rapid cold sponging, is more beneficial, and has no bad after-effect, especially if followed by brisk rubbing.

*Exercise.*—Moderate exercise is essential, but there is no unanimity as to what constitutes proper exercise. Dumb-bells, clubs, exercisers, etc., are not thought of as much as formerly. Manual work, such as sawing or chopping wood, is considered much more beneficial, while by some it is considered a *sine qua non* for attaining old age. There is perfect unanimity as to the necessity of spending a few hours daily outdoors, either walking, horseback riding, bicycling or performing some manual task, etc.

*Smoking.*—We regret we can give but small comfort to the sensationalists. Tobacco in the young is considered injurious, but if used in moderation—two or three cigars a day—it is not harmful to adults. Cigarettes are considered more injurious than cigars. Many physicians consider a moderate amount of smoking beneficial, in many cases producing a feeling of contentment, and also acting soothingly on the nerves.

*Intellectual Work.*—This is considered distinctly beneficial and conducive to long life. Intellectual people preserve their intellectual power intact for a much longer period than those who have never exercised their brains.

*Rest.*—This, referring to the Sunday and holiday rest, is considered imperative, but still more important is a long summer vacation, embracing absolute freedom from care and business worries, from hard mental work, carrying with it, if possible, an entire change of scene.

*Worry.*—While some disagreement may exist as to some of the points above enumerated, there is absolute unanimity as to the "killing" effects of worry. If we consider that perfectly black hair has been known to turn gray in one night as the result of severe mental



anguish, we get an idea of what profound changes in the physical organism mental worry is capable of producing. And, unfortunately, the damage that worry produces is felt in the most important organ of the body, namely, the brain. There is one consolation. Worry is to a great extent a habit, and as with all habits, can be broken, if the individual possesses sufficient will power to do so.

To recapitulate: The important factors in attaining a good old age are good parentage; moderate, mixed diet, with the amount of meat reduced to a minimum, and alcoholic beverages entirely excluded or limited to a small amount of beer or wine taken with the meals; moderate bathing, outdoor exercise; intellectual work, rest for one to three months during the year, and the cultivation of a cheerful, hopeful spirit. Worry should have no place in our lives.—*Merck's Archives.*

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#### REPORTING PHTHISIS AS A CONTAGIOUS DISEASE.

In this country as well as in Europe, a great deal of study is being given to the problem of preventing phthisis by destroying its infecting agent, the bacillus. No uniform or exact mode of attack upon the bacillus has been adopted or fully decided upon, so far as we know, although some preliminary steps have been taken.

The most serious question which has arisen, we take it, is as to the advisability of classing tuberculosis with the contagious diseases, and requiring that physicians report it as such. The advantages of this step would be that it would educate both physician and public to the view that phthisis is infectious, and would impress upon both the fact of the necessity of using care and disinfection in connection with its treatment.

On the other hand, it might needlessly alarm the public, while it undoubtedly would add, unnecessarily, to the discomfort and suffering of the patient and his friends. We doubt very much, also, if the medical profession would co operate heartily in notification, except as regards hospital and dispensary patients.

Despite some disadvantages, however, we believe that a trial, at least, of the notification plan might be made. In promulgating and practically enforcing the view that pulmonary phthisis is a contagious disease, however, most careful and explicit statements should be made as to what is meant by this contagiousness. It should be shown that the disease is not contagious in the popular sense at all, *i. e.*, communicated by contact, or the breath, but only by the medium of the sputum; also, that unlike syphilis and other infectious diseases, it can not be communicated under any ordinary conditions, except to those who are predisposed by various constitutional and depressing agencies to its development.—*Mass. Med. Jour.*

**MARRY RIGHT.**

Dorothy Dix, in *The Chicago American*, voices some excellent sentiments on the question of marriage, from which we quote a section :

"Parents are justified in trying to protect their daughters from grinding poverty, but when they go further than that they go too far, and they have no right to object to the suitor who can offer a girl an honest heart, a clean bill of health, and a willingness to work for her. He may have little else to give her. They may have to begin house-keeping in a three-room cottage or a handbox flat. They may have many years of toil and struggle and privation before them, but they will have love to sweeten it and happiness to gild it.

"The most beautiful sight in America, and the one that offsets the hideousness of our divorce courts, is the middle-aged, prosperous couples who have begun poor and worked up together. They have scrimped together the money for the husband to go into business for himself; they have economized to buy their first home; they have had every plan and hope and triumph together, and they have grown into a oneness that those who have always been rich and prosperous never know.

"It is the very flower and perfume of our hard-working, commercial, national life, and the girl who marries a rich, old man in order to have the pleasure of spending his money, instead of a poor, young man in order to have the fun of helping him make his money, makes the mistake of her life.

"Besides, fortunes change so rapidly in this country—the pendulum swings so fast—that the difference between marrying a man who has inherited a fortune and a poor, hard working man who has his fortune still to make, is almost a choice between whether you would rather be well off when you are young or rich and prosperous when you are middle-aged."

There is a heap of sense in this thought worthy the best of us. What makes the world better is right.

**PARALYSIS AGITANS.**

Hart (*Journal of Nervous and Mental Diseases*) has made a clinical study of 219 cases of paralysis agitans occurring in Dr. M. Allen Starr's clinic since 1888. There were 139 men and 80 women. The earliest case was a male, aged 22 years; the latest in a male aged 78 years. The largest number of cases, 40 per cent., began in the decade between 50 and 60 years. Occupation seemed to have no etiological bearing. Direct hereditary transmission can rarely be traced. In only 16 per cent. of the cases could paralysis agitans be found to have existed in relatives. Emotional influences were believed to be the exciting cause in 40 of the cases. Next to emotion, traumatism

seemed the most conspicuous predisposing factor, such a history being obtained in 31 cases. Other contributory causes given are certain acute infectious diseases, overwork and alcoholism. Syphilis apparently played an unimportant part, and was admitted in only 2 cases. The writer states that the true etiology of the disease is not at all well understood.

Tremor was noted in 203 of the cases. The onset was seven times as frequent in the upper as in the lower extremity, and was more frequent on the right side of the body. In three cases it began in the head. It is usually lessened by voluntary motion. Muscular rigidity was present in 142 cases. Contractions were noted in 28 cases. In 173 instances the tendency of the patient to fall was tested. It was absent in 66 and present in 105 cases. The deep reflexes were investigated in 188 cases. Of these 90 were normal; in 30 they were present but diminished; and in 68 they were more active than normal. There were definite voice changes of varying character noted in 120 cases. Pain in some part of the body was present in most of the cases. Paresthesias were present in 120 cases also. These consisted usually of prickling, numbness, tingling, flushing, and heat and cold. Hyperidrosis was present in 57 instances. The complications varied and could not be dependent on the nervous disease. Two of the cases had hemiplegia.

The treatment was unsatisfactory and there were no cures. An effort in all cases was made to remove sources of anxiety and worry; to place the patient on a simple diet, and to improve the general nutrition. The cases which showed most improvement were given massage, passive movements, and hydrotherapy. Medically, hyoscine and sulphate of duhoisine gave the best results. For a time at least they diminished the tremor and relieved insomnia.—*Amer. Jour. Med. Sciences.*

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#### Reflex Disturbances Associated with Adherent Prepuce.

Simon (*British Med. Jour.*, March, 1904) notices briefly three interesting cases in which marked symptoms were produced by an adherent prepuce, or narrowed urethral meatus. The first case was a boy, aged eighteen months, who suddenly became unable to walk. Any attempt to make him walk caused very severe pain. Careful examination failed to show any coxalgia, but the prepuce was found to be long and adherent. The child was circumcised, and the recovery was immediate and complete. The second case, a boy aged fourteen years, had obstinate and severe intestinal colic, which was not relieved by medical treatment. An adherent prepuce being discovered, this was treated and all the symptoms disappeared. In the last case, a boy aged three years, there was a history of his awaking at night, screaming and complaining of pain in the abdomen. No other cause being discovered, the penis was examined, and the prepuce found adherent

and the meatus narrow. Under appropriate surgical treatment the symptoms disappeared.—*Am. Jour. Med. Sciences*, June, 1904.

[We have recently had some experience of a like nature. A boy aged two had some peculiar nervous manifestations, resembling to a marked degree "petit mal." Inquiry elicited the fact that the child suffered with incontinence or dribbling of urine, and seemed unable to void urine easily. The prepuce would become distended when he attempted to urinate. Examination revealed an exceedingly small opening and an elongated prepuce. Treatment, circumcision; result, no return of the spasms up to the present, a period of three years.

Many years ago, possibly twenty, a circumcision in a boy nine years of age, afflicted with what was supposed to be epilepsy, resulted in a complete recovery. At least, after the lapse of six years, there had been no return of the spasms. Since that we have lost track of the child.

A more recent and possibly a more interesting case was seen during the past winter. A boy aged 5 had repeated attacks of colic, occurring usually at night. This was thought to be due to indigestion. Medical treatment was of no avail. Diarrhea finally occurred, attended with extreme tenesmus, and resulting in a prolapse of the rectum to such an extent as to cause alarm to the parents. It was also noticed that the prolapse occurred and that the child strained as much when voiding urine as in defecation. He then became unable to walk with ease, the gait resembling somewhat the gait noticed in some cases of Pott's disease. At last, obtaining consent, a circumcision was performed, and the child made a complete, though somewhat slow, recovery, without any medical treatment whatever.—W. N. M.]

#### ADRENALIN.

For years the malady known as hay fever has been the theme of many an able discussion. Its etiology, pathology, prophylaxis, and treatment often have been the subject of study and experiment by physicians, and also by intelligent laymen. The disease has been described as a catarrhal affection of the conjunctivæ and the mucous membrane of the respiratory tract, characterized by an annual recurrence at about the same date in a given case. Another view is that the disease is a neurosis, and that the local symptoms (rhinorrhea, sensory disturbances, etc.) are due to vasomotor paralysis.

The most conspicuous symptoms of hay fever are a burning and itching sensation in the nasal region and between the eyes; violent paroxysms of sneezing; a copious discharge of serum and liquid mucus from the nasal passages; profuse lachrymation; now and then febrile manifestations; frontal headache; and in not a few cases some asthma.

The diagnosis having been established, the subject of prevention and treatment is of the utmost importance. It would be utterly useless and wearisome to attempt to review the list of remedies and the

methods of treatment that have been proposed for this disorder. The interests of physicians and patients will best be served by a recital of facts respecting the most successful mode of treatment known at this time.

A glance at the list of symptoms and a brief consideration of the pathology of hay fever lead to the immediate conclusion that the chief indications are to check the discharge, allay the irritation that gives rise to the paroxysms of sneezing, reduce the turgescence of the nasal mucosa, and relieve the stenosis. The only single remedy that meets these indications is Adrenalin as represented in solution adrenalin chloride and adrenalin inhalent. By stimulating the vasomotor supply it contracts the arterioles, and thus promptly and efficiently relieves all the annoying symptoms referable to vasomotor paralysis. By its powerful astringent action upon the mucous membrane, which it blanches completely in a few moments, it controls symptoms referable to a catarrhal inflammation of that structure. Indeed the results that have been accomplished with adrenalin in this field alone are really remarkable and of the utmost importance. Parke Davis & Co. who market solution adrenalin chloride and adrenalin inhalent, have prepared a very complete treatise on the topic, which contains more information than is to be found in the average text-book. They will promptly mail a copy of the booklet to any physician applying for it.

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A justices' court decision in Columbus, O., is of general interest to the medical profession. An oculist of the city recently sued the father of a patient for his bill, and the contention of the defendant was that the oculist had exceeded the terms of a contract made with him at the time of the first treatment. The oculist set up the contention that he had completed the terms of the original contract to fit the patient with glasses for a specified sum, but that complications requiring special treatment had arisen subsequently. These were treated without any specific understanding with the patient's father, and the patient visited the oculist for six months. Justice Andrews held that the fact that the patient returned to the office of the complainant for treatment justified the latter in expecting payment for his services. Suit was brought for \$41, and the jury found for the complainant, allowing \$30.

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Vegeterian: "Don't you know that the strongest animals are all vegetarians, the elephant being the most powerful?"

Carnivorous Friend: "That's all right. If they weren't so strong they never would be able to stand a vegetable diet."—*Boston Transcript*.

## Eclectic Medical Journal.

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### COMMON DISEASES OF CHILDHOOD.

VI. **INTESTINAL WORMS.**—While worms in the ordinary sense may not be considered a disease, at the same time the condition inviting or attending their presence is such as to frequently require the attention of the physician at some period in the life of almost every child. The frail and delicate child appears more susceptible to the trouble—in fact it is claimed by some that intestinal worms are always foreign to the hale and hearty youngster.

Infestation by animal parasites is rare in the very young child, or during babyhood; after the period of weaning, however, up to the age of early maturity, the condition will be frequently encountered. Three varieties of worms are found in the intestinal canal during childhood, viz., the common round worm, the thread worm and the tape worm.

The first, or *ascaris lumbricoides*, sometimes also called stomach worms, are probably most common. It is usually seen between the third and tenth year, is of white or light yellow color, varies from six to twelve inches in length, and inhabits the ilium and upper intestines. They rarely exist singly, and vary in different cases from a half dozen to a half hundred. The ova are taken into the stomach in water and fruits and certain foods, incubation following.

The second, or *oxyuris vermicularis*, known as pin or seat worm as well, are found chiefly in the colon and rectum, also around and about the anus. In appearance this variety resembles ordinary white thread chopped up into small lengths. They are present in indeterminate numbers. The ova are introduced into the system in the same manner as the preceding variety.

There are numerous symptoms that are recognized as indicative of worms, a number of the most prominent of which are common to the several species. The only positive evidence of worms, however, is their presence in the stool. The mother for some little time will have noticed that the child is nervous, eats with an irregular appetite, jerking, twitching and starting in sleep. Frequent attacks of colic, picking at the nose, paleness about the mouth, dark rings round the eyes,

dirty coated tongue, foetid breath : the child is often dull and drowsy even to the extent of being stupid. Nausea and sometimes vomiting are present ; the child swallows almost continuously in an effort to dislodge an imaginary lump in the throat. As the case continues deterioration of the general health becomes evident ; headache is of frequent occurrence, the pupils are dilated, and not infrequently choreiform symptoms manifest themselves. Convulsions often follow, especially in the nervous child. The so-called "worm fever" may be expected. In the event of thread worms there will be in addition marked evidence of local irritation, a creeping sensation and itching about the anus that is annoying in the extreme, and which becomes almost intolerable, after the child is warmly tucked in bed. Frequent micturition and incontinence of urin often follow, as well as vaginitis and pruritus vulvæ in the female. The constant rubbing and chafing of the parts often leads to masturbation.

The only positive evidence of tape worm is the passing of segments in the stool. There may be in conjunction with symptoms already named an inordinate or capricious appetite, undulatory movements in the abdomen, as well as disordered digestion and irregular states of the evacuations.

In the treatment of worms various means have been suggested as efficient. The old-fashioned "pink and senna" was long considered as the most reliable vermifuge. The unpleasantness of the mixture, however, rendered it unpopular. The agent most usually prescribed in the ordinary case is santonin, and this followed by a laxative or mild cathartic, will in most instances overcome the trouble. A very good preparation is santonin gr. x to xx podophyllin gr. j to ij. sugar of milk ʒij ; triturate and divide into 20 powders—one administered morning and evening as required. Small doses of turpentine as well as the oil of chenopodium are recommended as safe vermifuges. Natrum phos. has likewise been highly extolled for the long, round worm, with pain in the bowels, restlessness, grinding of the teeth, itching of the anus and other wormy symptoms. For the oxyuris vermicularis injections of a weak carbolic solution should be used in addition. Tar water used locally will also prove efficient and relieve the itching as well. A salt water enema is likewise good. It will also be advisable to cleanse the intestinal tract with a mild cathartic. In the treatment of tape worm pomegranate bark was long a favorite with Prof. Locke. It was used in decoction, a half pound of the bark boiled in four pints of water down to a pint, and given in four or five doses, followed by a cathartic. While efficient it is nauseating to most persons. The most reliable means in our experience to remove tape worm is the pelletierine tannate. We use the mucilaginous preparation of Werner and Simonson ; 2 to 5 drachms should be given in the morning, no breakfast being allowed. After two or three hours administer a dose of salts or some cathartic, and the parasite will be delivered intact and usually alive. The cathartic and pelletierine

should never be given together. This is frequently the cause of failure. Male fern is also a remedy of considerable repute. Many physicians depend on pumpkin or squash seed, believing this means to be safer for children. The shell is removed after scalding and the pulp, or soft part of the seed ground into a meal. This is mixed with syrup or honey and given in one or two ounce doses. Probably either of these means will prove satisfactory under favorable circumstances. It should be remembered, however, that one of the most essential parts of the treatment in using teniafuges is a period of previous starvation.

R. C. W.

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### DIARRHEA.

Everybody who has a diarrhea, summer or winter, wants the doctor to stop it. If the doctor knows his business he will know best whether it should be stopped or augmented, or allowed to run its course. The ideas of the patient need not be disturbed. Tact and adroitness upon the part of the physician, if the patient be of the class that "knows too much," will come to his rescue, and a dozen excuses may be offered as to why the diarrhea is not cut short. On the other hand, if the patient be of the intelligent, confident sort, the physician will, at the expense of some time, etc., make the explanations necessary to a full understanding of the case by the patient.

A diarrhea at this season is most frequently due to a fermentation of food, the ingestion of stale fruit, or hot weather disturbed meats, etc. There may be more or less severe pain or cramps, preceding, accompanying or following the stool, or it may be a cramp colic. The stool is watery and foul smelling. The odor tells one that the bowel contents should be discharged quickly. The odor is sufficient evidence of decomposition, and an indication for the speedy removal of bowel contents. The resultant diarrhea is physiological, and should be encouraged rather than checked, until it shall have accomplished its purpose, that is, a clean or cleansed *prima via*. The assistance necessary is a physic; the choice of this depends upon the patient. Give a rugged fellow an active one; a weaker fellow a mild one. Women and children may need simply an aiding laxative. If the tongue be broad and dirty, and tissues full, triturate (specific) podophyllin, 6 to 100, is a sovereign remedy. Or, if the tongue be white in the center, with tip and edges red, the old neutralizing cordial is the "balm of Gilead" to the sin-sick soul. Give it in doses sufficient to change the color and character of the stool. The rhubarb in it is an excellent bowel remedy and laxative; the peppermint is a carminative, and the potassium an excellent antacid. This remedy meets a majority of the hot weather diarrheas of children.

Occasionally in a depressed patient the nervous equilibrium cannot be re-established immediately after the diarrhea has accomplished its purpose, that is, a complete removal of the offensive material from the bowel, and because of the failure of the natural ability inherent



in the bowel to pick up the thread and resume labor as it should, the fluxes continue. Physics or laxatives, nor yet astringents, are not always indicated; occasionally the last named will "pucker" the bowel until nature gets a new hold or start, or regains control. In these cases the tongue is usually clean; sometimes there are marked symptoms of irritation. Harsh medication is sure to increase this irritation. Be careful. Better help up your sympathetic. Small doses of ipecac or rhus tox. are frequently the best remedies for these cases. Muriatic acid in small doses tones up the digestive tract. If the tongue be clean and broad and pale, with marks of the teeth on its edges, small doses of nux is the remedy. Occasionally when griping, colicky pains prevail, with the clean tongue diarrhea, there is nothing so effective as teaspoonful doses of a mixture of one drop of colocynth to four ounces of water. When irritation prevails and an astringent is deemed necessary, our favorite is teaspoonful doses of liquor bismuth after each defecation.

We seldom think of paregoric, opium, kino, catechu, tannic acid, etc. We believe there is little or no necessity for their administration in diarrhea. The nearest approach to them with us is an occasional case in which the diaphoretic powder is given to relieve pain, promote sleep, and check the bowels. The tongue should be clean, and the tongue and skin should be moist when it is given. These remarks apply especially to diarrhea due to digestive wrongs. W. E. B.

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#### HEAT PROSTRATION.

The hot weather may bring to the attention of any one of us at any time the patient overcome by heat. Too frequently sympathetic friends and bystanders have added to the patient's troubles by the administration of a favorite household remedy, or a good big drink of whisky, and by the time the doctor arrives the patient is sick, and sicker from what he has taken.

We write this note especially to make JOURNAL readers think this subject over a bit, if they have not already done so, that they may be prepared to act intelligently when called.

No two cases of thermic fever are exactly similar; but we believe that in a majority of them there is great excitation, hot head, full bloodvessels, congested capillaries, high temperature. In this class of patients cold local applications are sensible. We do not favor the tank bath in which ice is floating; this is too extreme. Occasionally we may find a patient who needs it, or who could safely undergo this ice bath for a short time only, but it would be one of the most rugged, and it is not these usually who are heat-stricken. It is usually full-blooded, big-bellied, hearty, injudicious eaters, or fat persons, who are stricken. They are not proverbially strong; a little heat disturbs them, causes difficult breathing, palpitation, etc. Then, hoping to feel better therefrom, many of these will "brace up" upon stimulants,

and it is only a short time until they are down and out from heat. When so overcome, put them to soak in the ice-vat, and you invite death; the shock is too great. Use cold water intelligently; may use it freely, but not continuously. Use a good big fan vigorously part of the time.

Internally give gelsemium to calm the sympathetic, to relax the skin, to start secretions, to lessen palpitation, etc. There is no better remedy. Jaborandi is another, almost equally as good. It will open the perspiration flood-gates and carry off heat. It may, however, provoke vomiting. If it does, the emesis will not prove wholly disadvantageous. An empty stomach in this case is devoutly to be wished. Don't give aconite or veratrum. Diluents are commended—water ad lib.

The other case the cold bath might kill at once. It is already depressed. There is internal congestion; the skin is cold and clammy. The extremities are cold. The whisky or stimulant would not be so bad for this case; yet there are better remedies. Alcoholic stimulants are like a flash in the pan, a whooping up, a big glare, then darker than before. They excite, then follows depression. Something with more lasting effects is better. Local applications of heat—hot water bottles, bricks, anything that will hold the heat longest and is most convenient—should be used instead of the ice water, fanning, etc. Temper the wind to the shorn lamb; fit the treatment to the case.

The compound cajuput mixture is good—better than the compound spirits of ether, the "Hoffman drops," in such common use here. Belladonna is the remedy par excellence. Nux vomica or strychnine in some form may be better. The hypodermic will bring quickest results when the indicated remedy can be given in that way.

The patient in either case should be removed to a place that is cool and quiet. All talk and noise tend to excitement, and should be avoided. Frequently fright is a great factor in these cases, and this is increased to a great degree by the concern and nervousness and injudiciousness of those standing or sitting about the bedside. Keep these out of the way, or keep them busy.

W. E. B. •

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#### X-RAY THERAPEUTICS.

One of the great advantages to be derived by x-ray treatment in cases of lupus and epithelioma, is the fact that there is very little sloughing of the skin, very little scar tissue; hence little or no scarring of the nose, ears, lips or face, following this method of treatment; while any of the caustics, or remedial agents heretofore suggested or employed, all produce more or less scar tissue, often a destruction of the tissue, so that there were deep pittings, or an unsightly wounding of the tissues. The treatment by the x ray, with the high frequency as an adjunct, is to be commended, because in addition to the destruction of the malignant tissue by the x-ray, the high frequency stimu-

lates, energizes and relieves the parts of congestion, and places them at the disposal of nature's best requirements for a speedy recovery.

In the treatment of lupus or epithelioma, I have found that the coil gives better results than the static machine, though I confess I have seen some good results by the use of the static machine alone, notably two or three cases in the practice of Dr. G. W. Reichard, of Springfield, in epithelioma of the lips, and also of the wings of the nose (alas nasi), in which the recoveries were free from scarring, and there was little destruction of tissue, though the lesion had been manifest for many months. But there is this about the static machine—it requires from seventy-five to one hundred treatments to effect a cure, while with the coil and the high frequency the cure is speedily obtained.

To be sure, much care must be exercised in the use of the x-ray coil, so that the burning is not severe enough to produce a treacherous dermatitis or sloughing of the tissues. Some patients are very susceptible to the burning of the x-ray, and even to the burning of the sun's rays; while others might receive treatment by x ray, or go unprotected in the sun, with the additional damage of the reflected rays upon the water, without marked discoloration or burning of the hands or face. I believe that with experience we shall be able to decide almost at a glance definitely those cases that will not stand the x-ray treatment without dermatitis and severe burning.

Three or four cases of epithelioma of the urethra in the female have yielded to the treatment of x ray, without producing any scar tissue, and with but few treatments. I do not believe that there is a remedy in the *Materia Medica* that would bring about so complete and comfortable a cure; and I know that the knife would be required to dissect in the healthy tissue, removing much, if a cure were to be effective by this method.

I therefore offer and suggest the use of the x ray in all cases of epithelioma, where scar tissue would be undoubtedly and positively harmful; take for instance the ear, the eyelids, the nose, the lips, and lastly, but not least, epithelioma of the urethral tissues. L. E. R.

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#### SURVIVAL OF THE FITTEST.

That there is any higher animal life in existence is a source of wonder. It seems inexplicable when we consider the ignorance of our ancestors, that we should be here to investigate the causes of disease with so much certainty. There certainly must be, or has been, some kind agency directing our destinies, or the human race would long ere this have passed into the great beyond. Possibly this surveillance will be withdrawn as soon as we are able to identify all the organisms that are responsible for the ills of human flesh.

From the multiplicity of newly discovered germs and remedies for their destruction, the millennium is evidently not far distant, and kind will be able to dispense with a guardian.

We must remember, of course, that we are living an extremely artificial life, getting more and more away from nature all the time, and that this is proving disastrous by increasing the mortality, more people dying daily, is a self-evident truth. It is a notorious fact that right here in Cincinnati—and the same is true all over our fair land—more deaths occurred during the year of 1903 than in the year 1803. What more convincing proof is required to show that more people are dying now than ever before in the world's history. True, the capacious disputant will argue the fact that the average length of human life is longer than it was one hundred years ago; but I will defy any man to contradict the fact that there are more deaths per week or month at the present time than there were at the beginning of the last century, when man lived closer to nature than he does now.

When man lived very close to nature he seldom had time or chance to develop the fashionable diseases of the present enlightened age. If he was out foraging for food in the winter season, and was taken ill or met with some mishap, he would probably lie down and eventually go to sleep—nature would do the rest.

A strenuous social life and political reforms did not particularly agitate the man who lived close to nature, his energies not being wasted in any such manner, for his principal thought was where and how he could get something to eat. He quenched his thirst at the most convenient watering place, and did not worry about boiling the water first, preferring to be an aquarium rather than a cemetery.

In all due seriousness, however, there is in every mind a great deal of needless sympathy wasted on the so-called degeneracy of the race. Compare the average length of life of today with that of any period of the world of which we have authentic record. Compare the appearance of the people who are 65 or 70 years old with the appearance of, so far as we are able by means of portraits, those of the same age one hundred years ago, and the present artificial life will compare very favorably with those who lived closer to nature.

It is true some diseases are more frequently seen now than formerly, but it is also true that we are so situated that we are better informed of their presence. The daily, weekly, and monthly reports from the boards of health keep us informed of the nature and number of cases in a way that was practically impossible even fifty years ago.

The facilities of the present day, even if extremely artificial, all have a tendency to prolong the life of the patient, and often, very often, restore health and years of usefulness, which was impossible at the beginning of the last century or any previous period.

It is apparently an immutable law of nature that the fittest shall survive; but remember this law is not restricted or governed by man's limited knowledge or ideas of what constitutes the fittest. K. O. F.

**THE BUSINESS END.**

It is a common saying that the doctor is a poor business man. It ought not to be so. The doctor has as many opportunities to develop business ability and qualifications as other men, and a lack of them is only another term for carelessness. The physician owes it to himself, his family, and the profession to which he belongs, to develop business acumen. The doctor has been satisfied to be known as a good fellow, charitable and whole-souled, but this as an asset is of value only on tombstones, and will not maintain the widow and orphans. The physician when a student puts much labor and time, and money, his capital, into the business, then goes out to practice, still laboring incessantly, but without applying business principles to his work. How absurd. He, as other men, surely deserves to earn a fair interest on the capital invested, and a just recompense for the labor he performs. How can he do it? Only by using the same business tact that other men use in their business associations.

It must not be forgotten that people who employ the physician will place no greater value on his services than he himself does. They may not be able to estimate him at his true worth, for oftentimes in the practice of medicine belly is of more importance than brains to the people in making up their estimates. This is not to be wondered at, for the laymen have little means at their command for judging a physician's ability to relieve the sick. A hale fellow well met gets close to his client on short notice, while the more reserved and perhaps better equipped competitor remains at a distance. If you are reserved throw off your reserve, warm up and melt the people down.

The first thing that the physician must do to begin right, is to seek a prominent location in a respectable, well-to-do neighborhood where he can charge a good fee and have some remote possibility of getting it. He must furnish his office handsomely—elegantly if he can bring himself to that point. It will be a good investment, for the people like to see the doctor looking prosperous and will shun him if he does not. His office must be kept scrupulously clean to attract the better class. Hours must be designated (if living in a city) when the doctor can be found there, and he will devote these special periods to those patrons who are able to come to him instead of having him go to them. And only under extreme conditions will he leave his office during such hours. Should he be compelled to do so he will demand a fee commensurate with the occasion and the loss sustained through his absence. Patrons soon learn that he can be seen at stated times only, and make their arrangements accordingly. This permits the doctor to concentrate his business and save time. If we maintain our office hours strictly for a time they will eventually maintain us.

The next and a very important thing is one's personal appearance. The doctor ought to be well dressed and cleanly. It is no more difficult to be clean and neat in appearance than it is to be slovenly, and surely it pays and one feels better. The doctor must wear good clothes

if he expects to engage the practice of the well to do. We will not display on our office walls cards bearing insinuating phrases or sentences such as "office consultation cash," etc. We better hang up a piece of art or allow the walls to remain bare. We must handle each patient as a unit and differently. One's natural wit will suggest the course to pursue to get our money. We will not advertise by sign or card, "Night calls answered." The man who gets us out of bed at night, except in extreme cases, seldom pays the bill, and I take it we charge him at least double the amount of a visit by daylight.

Having our office and our person well in hand, we will think of our means of getting about to visit patients at their homes. The physician who would gain the patronage of the well to do must appear not unlike them. He who does otherwise must remain content to knock with his knuckles at the back door of the impecunious. He who rides in a carriage may touch the silver button at the entrance to the domicile of the man in easy circumstances who can afford to pay good fees for services. Bear this in mind, a turn-out will soon pay for itself and bring an annuity for life. People like to see the doctor prosperous.

Another thing: if you are hard up at times keep it to yourself, and never let your patrons know it. Do not dun them with the plaint that you are needing money. If you do they will wonder what is the matter with you, and will come to the conclusion that you are losing your business, and transfer their patronage to a more thrifty man. Never beg the payment of your accounts, and put up a hard-luck story. It won't go. People think doctors have money to burn, and will either not believe you or come to the conclusion that something is wrong. No, ask for your money in a business-like way, as if you were entitled to it and expected it; then no one will deny your right to it nor question your motive. The best way is to mail a statement on the first of each month if you live in the city; once a quarter if doing a country business. And do not write or print on the face of the statement, "please remit." Any one with good sense will resent anything of the kind. It will not take long for people to learn that you have an eye to business and are doing it by the same methods the merchant uses with whom they trade. Knowing this they will respect you and respond as they do to the merchant's demands.

With reference to your charges, for goodness sake, your own sake, and the sake of the profession, do not set up as a cheap-John doctor, a ten-cent man. People do not place a higher estimate on you than you place on yourself; therefore make your charges to correspond with the man higher up, and strive to get there yourself some day. I had rather do half the work at double the price than twice the work at half the price. Be a first class physician and charge a first-class price for your services. You are worth it, or you ought to be in other work.

In your business relations with other men, if you are so situated that you can, make payment in all business transactions through some substantial bank. It will help to give a standing not obtainable by paying for what you purchase in cash. In your dealings with the local business world, make your purchases on credit and pay promptly at the end of thirty days. By these means you are known to the business men of your community, whereas, were you to pay cash for every thing purchased, you would be but slightly known. Your name on the books of a business firm is a constant reminder that you are living and doing business in their midst.

One may say, does it pay to make an extra effort to obtain an extensive business. One may ask if it might not be better to do a less amount of work on foot than the larger amount behind a fine team of horses. There might be as much enjoyment swimming in a duck pond in the back lot as there is in riding the waves on the beach, but most of us would rather sport with the waves.

A. F. S.

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#### POISON CASES.

We do not over-estimate when we say that scarcely a day passes that we do not get a letter from some physician or other person concerned in some way in a poison case. These communications are, of course, as varied as conditions necessitate, although as a rule they concern the poison itself. But the question often relates to the records of such cases; to the authorities to be consulted concerning such cases; to the symptoms that follow the action of poisons. Such as these, of course, we are able to answer, by collaborating from, or referring to the literature in the Lloyd library, which covers all phases of the subject of poison jurisprudence. As concerns the poisons themselves, we invariably counsel great care, lest harm be done either to the suspected person, or the injudicious man whose ill-advised charges are based on error or are founded on nothing valid. If any doubt exists and necessity requires, one should do no more than state to friends and others that it may be best for the interest of all concerned, to seek expert testimony. Do not pass an opinion that may incriminate the innocent. Remember, an opinion can not convict the guilty. The expert selected should be a man in no way concerned in the case, a man absolutely indifferent as regards the outcome of his analysis, a man broad enough to say he will do the best he can, but can not promise to find every possible poison that might be present. The art of chemistry will not identify all poisons under all possible conditions. Besides, some violent poisons have no chemical reactions. He should be a man fair enough to say that he does not know it all. To know it all one must have created the universe, and be able to create another. We know of few persons capable of displacing the Almighty, and assuming that position. No experienced toxicologist claims that distinction.

Every physician should, however, be ready to administer the usual antidote to the ordinary poisons. This means that he should *know* the *reputed* antidote, not alone know the book to treat of antidotes. These poison emergencies are not to be classed with chronic ailments, in which one can advise the patient to diet himself a few days, and call next week for treatment. Nor are they as a rule such as will permit the physician to go to his office and study his books, if he maintains his reputation. Poisons are like lightning; they strike where and often when one least expects. Some physician reading this editorial will have his experience soon, but just who it will be, no man can tell.

J. U. L.

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### THE ART OF PHARMACY.

True it is that a pharmaceutical compound is not necessarily susceptible of expression by means of chemical formulæ. Nor is the process that yields a "compound" in pharmacy necessarily within the realm of the chemist who is confined, or rather, we might say, restricted to products explainable by means of equations. The art of pharmacy lies largely in problems outside the scope of the chemist. Indeed, we would almost be willing to contend that the pharmacist's art is given a scientific place by reason of the fact that it utilizes not only the well known structures of the chemist, but outside materials as well. The *product* is of utility perhaps, mainly by reason of its interstructural ultimates. Here comes the paradox. The art of building a structure that has a quality not amenable to scientific elucidation by known scientific equations, or capable of imitation by laws within the grasp of structural scientists, makes this art a science. It is the science of empiricism, for perhaps the builder of this structure knows as little concerning its interstructural relationships as does the chemist who fails in establishing both its constituent parts and their relationships. And yet it is a structure possessed of qualities that are only to be found in that one structure. The uniting of substances that possess certain qualities if exhibited alone, but which are modified or severally qualified when pharmaceutically compounded, so that the product has a specific action of its own, is a part of the pharmacist's art. In considering such substances, the most careful chemical analyst needs to confess his inability to obtain from them decomposition products that will permit outsiders to produce structural reproductions of the originals. The balancing of a pharmaceutical compound presents difficulties which only one concerned in such perplexing problems can appreciate. This is particularly the case in plant pharmacy. The man who argues differently is, in our opinion, either prejudiced, inexperienced, or speaking at random. Not a single natural vegetable structure is susceptible of analysis by any analyst, regardless of his renown or experience. True it is that certain definite substances may be picked out of certain complex



plant structures. Thus, citric acid can be chemically derived from lemons, but other bodies also exist in lemons, bodies that the chemist's reagents can not identify. Morphine can be obtained by means of heroic chemistry applied to opium, the inspissated juice of the poppy. But a dozen other alkaloids can also be obtained from the same substances. In addition, materials exist in opium that the chemist's art can not identify. Make a mixture of any two or three of the best known powdered drugs, selecting those possessing qualities to permit the chemical identifications of certain structures, and yet, while the chemist can with a reasonable degree of certainty point to the presence of these products, he can not by his science name the associated materials derived from these same plants. But the pharmacist may, yes, *must*, consider such bodies as these in the building of his pharmaceutical structures. Too often the presence of certain plant disturbing agents that possess to the chemist no interest whatever demoralizes a plant preparation. Again, on the excluding of certain passive substances that are not mentioned in any work whatever, that are unknown alike to microscopist, chemist or biologist, depends the art of making certain pharmaceutically perfect preparations. Nearly related to these facts is the fact that in no case known to us has Nature associated plant constituents in the most useful proportion. We mean in the proportion to produce the best remedial effects dependent on a balanced preparation of the plant. In many instances a conspicuous structure of a drug is harmful if it be present in excess. Here comes the necessity of the pharmacist's art, for by means of the study of neutral solvents, or other kindly touch, the structural life of the complex being may be conserved, and yet its harmful part harmonized in its relationship to its home fellows. To make the best of the art of plant pharmacy means to meet perplexing conditions outside the field of molecular formulæ; to study with great care the *qualities* of materials that are perhaps in themselves of no intrinsic value, but which by their presence are either harmful or beneficial; to heed everything that is in the plant, regardless of its apparent insignificance or prominence; and above all, to be patient, even patient in a life study of disappointment and questionings.

J. C. L.

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#### THE BABY.

Fortunately this summer has thus far been one in which a baby can live with comfort and with the minimum amount of summer disturbances generally precipitated by heat. It takes no prophetic eye, however, to predict that we are not likely to have these genial conditions for a whole season. A few simple hints concerning the care of the baby during the heated season may not be foreign to our present duties. Of course we must take into consideration that we have to deal with many classes of babies. But we may safely separate these into two great groups—the mother-fed baby and the bottle-

fed baby. With the former we are less likely to have trouble with the feeding at least, provided the mother has common sense, and uses it in the care of herself. Some of the bottle fed infants, however, are at the mercy of the dangers that come from ignorance and carelessness, while still others suffer from the fads and notions concerning artificial feeding. There are other things to consider besides food. The matter of dressing a child has much to do with the health and comfort of the little one. As with grown folk, worry is productive of ill health in the infant, and anything that worries the baby is likely to not only precipitate gastric disorders, but to contribute to nervous affections, loss of sleep, or surface eruptions. Common sense, regardless of rules laid down in our great works on pædiatrics, calls for comfort in the matter of clothing the child. The garments should be adapted to the weather. When the weather is cool clothing should be added, when hot but little should be imposed upon the child. The much-clamored-for band may prove a boon or a burden. It should never be tightly applied, as is the usual custom. Never should flannel be used if it irritates the skin and makes the baby fret. A cotton band may be substituted, or the band may be left off entirely. These things are *indicated* as much as are medicines. Have a specific reason for everything done in the matter of clothing the baby.

Do not forget that a baby may get thirsty. The water contained in mother's milk, or that used in artificial feeding, does not fully satisfy the demand. A little cool water should be given at least two or three times a day. A baby will often cry, and cry, and cry until the mother gives it the breast or more food—and still the crying does not cease. A little water soothes the sufferer and puts him at rest. He is thirsty—not hungry—and feeding only makes him hungrier.

It is needless to say that the child needs bathing during the heated months, more freely perhaps than at any other season. A baby should never smell sour. A tepid bath, rather inclined to warm, is needed, and it should be gently and *quickly* given. Long immersion can do no greater good, and may be the means of harm. At no time should soiled diapers be left upon the child. The nates should be bathed carefully after each evacuation of the bowels or bladder. The slightest amount of borax or sodium bicarbonate added to the water will overcome acidity of the discharges and prevent excoriation of the parts. Particular attention should be given the genitalia, for in the washing the orifices are often overlooked. The parts should not be rubbed, for the membranes are delicate, but rather should be gently patted or wiped with a soft cloth. Olive oil or other fat occasionally used will tend to shed urinary discharges. Vaseline, however, is of no account for this purpose. We can not condemn too severely the custom of removing wet diapers and drying them to be used again. Use a *clean* one every time, for time is

saved and worry on part of child and mother is prevented. As a rule a child should not be bathed immediately after feeding.

Should the little one be so unfortunate as to be artificially fed, remember these few hints: Prepare fresh food every time you feed it. If any remains in the bottle after feeding *throw it away*. The risk is too great, and therefore no added expense is incurred. Keep the milk to be used in feeding in a *well covered vessel* on ice. Nothing absorbs odors like milk or cream. Have regular hours for feeding, and when done remove all food and utensils from the sight of the child, lest it fret for more. Underfeed rather than overfeed. Finally, avoid fermentable sugars if you would have a non-colic baby and pleasant rest at night. If sweetening is necessary, milk sugar in moderation may be employed. Observe these few hints, and your babies are likely to enjoy a pleasant summer. H. W. F.

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In our various minglings with physicians we are brought face to face with the idea that solutions of carbolic acid are used too frequently in surgical dressings. They are *dangerous*, and should be wholly discarded, as there are superior remedies that are comparatively harmless. From 1 to 5 per cent. solution of carbolic acid applied for six hours may produce gangrene of a finger or toe, or other tissue, in any case, even when there is no tight bandaging. The 95 per cent. solution can be used with much greater impunity. Its application deadens a series or more of cells that prevents its further absorption, and it can do no more harm. This is the reason why it is a sensible application to some burns and to infected ulcerations. It is surely antiseptic, and at the same time it is safe, and last but not least, it is anesthetic. There can be no argument in favor of the use of the solutions of carbolic acid. Beware of them. W. E. B.

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If the practitioner will stop a moment to think, he will easily make the differential diagnosis between typhoid fever and appendicitis, keeping in mind the following rule: In appendicitis pain and temperature is the primary symptom; while in typhoid fever, fever first, followed later on by pain and soreness. L. E. B.

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#### ANNOUNCEMENT.

The eighteenth annual course of instruction in Official Surgery, by E. H. Pratt, M. D., will be held in the amphitheater of the Chicago Homeopathic Medical College, corner Wood and York streets, Chicago, Ill., during the week beginning with September 5, 1904, having a four hours' daily session. Doctors invited to bring obstinate cases of every variety of chronic disease.

For particulars address

E. H. PRATT, M. D.

100 State Street, Suite 1202, Chicago, Ill.



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## BOOK NOTICES.

**A REFERENCE HANDBOOK OF THE MEDICAL SCIENCES.** Embracing the entire range of Scientific and Practical Medicine and Allied Sciences. By various writers. Edited by Albert H. Buck, M. D. Vol. VI.—M to R. Subscription only. Cloth, per volume, \$7.00 Wm. Wood & Co., New York City.

Naturally in a series of volumes arranged alphabetically some will be more interesting than others. Certain letters contain more prominent diseases than others, hence are more attractive. Vol. VI—Mos-Rye—at first glance would appear to be less interesting than some that have gone before, and partakes more of the nature of an encyclopedia. A careful perusal, however, shows Vol. VI to contain much valuable and interesting material.

Nasal Cavities and their Diseases is one of peculiar interest. Illustrated by numerous wood engravings and one full-page chromolithograph, the subject is presented in a realistic manner. *Phagocytosis* is especially interesting in this day when the germs are holding the attention of the medical world. The article on pneumonia is an excellent one as to description, varieties, differential diagnosis, pathology, etc., but very disappointing as to treatment. The mortality—over 30 per cent.—is criminally large. As to treatment the author says: "A correct treatment of pneumonia must recognize that the disease is essentially a germ culture going on in the air cells of the affected part. The causal indication, therefore, is to inhibit this culture." A 30 per cent. mortality of itself shows that treatment directed along these lines is a failure. The therapy of such remedies as pleurisy root, asclepias, phytolacca, etc., would have received better treatment at the hands of writers of the new school, since indigenous plants and their properties have been their special work for seventy-five years. Aside from these slight criticisms, the volume is of high order and ranks with the preceding volumes.

R. L. T.

**CLINICAL TREATISE ON THE PATHOLOGY AND THERAPY OF DISORDERS OF METABOLISM AND NUTRITION.** By Prof. Carl von Noorden. Part V. —Concerning the effect of Saline Waters, like Kissingen, etc., in Metabolism. E. B. Treat & Co., New York. Price 75 cents.

This thesis is the outcome of close clinical studies made by Prof. Noorden and Dr. Dapper. The results are manifestly a safe guide for clinicians and must prove of exceptional interest and practical value. They completely refute some of the antiquated and unscientific notions which have long been promulgated at the European Spas to the effect that the alkaline and saline waters are incompatible with certain articles of diet, such as the fats, fruit, etc. The little work proves that careful clinical work surpasses theory, laboratory work, and experiments upon healthy people, animals, etc. W. E. B.

**MEDICAL DIAGNOSIS.—Special Diagnosis of Internal Medicines. A Handbook for Physicians and Students.** By Drs. Wilhelm & Leube, Wurzburg. Translation from the Sixth German Edition, edited with annotations by Julius L. Salinger, M. D. Five colored plates and 74 illustrations, 1058 pages. Price, cloth, \$5.00. D. Appleton & Co., New York.

The fact that the sixth edition of this work has been called for in twelve years, is of itself proof of superiority, and a close examination of this book will show wherein its value lies. It is a plain, practical work, the main features of which consist in its *explicit* diagnosis. While we have several works upon the subject, wholly American, yet we do not deem any of them so plainly practical as is this one. Dr. Leube has been singularly successful in presenting some of the most difficult problems of the diagnosis of internal disease in a clear, concise manner, though never attempting the impossible.

To every reader of the JOURNAL who feels the need of a keener ability in differential diagnosis (and who of us can escape this feeling) we commend this work. It completely covers the whole subject—tersely, intelligently, practically. We know of no better book.

W. E. B.

## COLLEGE AND SOCIETY NOTICES.

The fortieth annual meeting of the Ohio State Eclectic Medical Association was held at Hotel Victory, Put-in-Bay Island, July 12, 13 and 14. The meeting was very successful in every respect, excepting that the attendance was not very large, due possibly to the fact that the National was held in St. Louis, and that this is the fourth year that the Society has met at Put-in-Bay. A large number of very interesting papers were read and discussed. An arrangement was made to secure stronger affiliation with the five local Societies in the State. During the evening session Dr. Postle delivered his annual address, which was well received, and Prof. Lloyd gave a talk on Mexico. The second evening the annual banquet was held,

# LIBRADOL.

## The Season for Insect Stings and Bites is at hand.

It has been brought to our attention through numerous reports that Libradol is a quick reliever of bites and stings of insects, and we ourselves witnessed in two instances its marvelous power in the instantaneous relief of the pain of bee stings. In this connection, the following letter from Dr. Albert Sayler will prove of value, to physicians who may be confronted with a painful sting or insect bite.

"About the middle of October, 1903, immediately after the fall, or aster flow of honey, in closing up for winter the bee hives of my apiary, I was stung on my hands and wrists, at least fifty times, and most likely, seventy-five times.

"I applied Lloyd's Libradol once, during my closing up bee work, and twice afterwards. The swelling stopped at once, as if by magic, with scarcely any after-puffiness, disagreeableness, or discomfort.

"About a week ago, working without my bee veil, one little nettlesome rascal dabbed me on the nose, and while the pain was yet severe, I ran for my box of Lloyd's Libradol, and applied the remedy, thinking to note from time to time its effect. But just like a small boy, I forgot all about the sting for at least three days.

"Nothing else as yet developed compares with Libradol for dulling the pain and reducing the swelling of bee stings."

Respectfully,

ALBERT SAYLER, M. D.,  
New Palestine, Clermont Co., Ohio.

In this connection it is well to bear in mind that Libradol need not be plastered thickly where a large surface is involved, but that a thinly spread tissue is satisfactory, or it may even be rubbed on the skin with the finger. Please bear in mind that Libradol instantly relieves itching of a surface, and is especially applicable to chronic itching of the anus.

Price, 1-lb. package.....\$1.50 By mail, \$1.75  
" ¼-lb. " ..... .45 " .55

June 1, 1904.

LLOYD BROTHERS, Cincinnati, O

National are Drs. W. L. Hensel, E. H. Dech, W. H. Wolf, N. M. Sloan, E. H. Moore, Edward Barnes and C. J. Hemminger. The following officers were elected for the ensuing year: President, Dr. Frank Livingston, Johnstown; First Vice President, Dr. S. H. Dech, Allentown; Second Vice President, Dr. C. J. Hemminger, Rockwood; Recording Secretary, Dr. Nannie May Sloan, Latrobe; Corresponding Secretary, Dr. E. H. Moore, Pittsburg; Treasurer, Dr. W. H. Wolf, Pittsburg. The meeting adjourned to meet next year at Harrisburg.

NANNIE MAY SLOAN, Rec. Sec'y.

The forty-fourth annual meeting of the Massachusetts Eclectic Medical Society was held at The Thorndyke, Boylston street, Boston, Mass., Thursday and Friday, June 2 and 3. It included the reading and discussion of a number of excellent papers, the annual oration of Dr. Lillian G. Bullock, upon Prenatal Influences, and the annual dinner, which was the usual enjoyable affair. Dr. W. H. Russell, President, and Dr. Pitts E. Howes, Recording Secretary.

Officers' Class of '96, E. M. I., elected at the National, at St. Louis: President, R. L. Smith, Russellville, Ark.; Vice President, W. L. Helsel, Scalp Level, Penn.; J. C. Entz, Hope, Kas.; Secretary and Treasurer, J. S. Hull, Hicksville, O.; Assistant Secretary, J. R. Duwall, Atlanta, Ga. Fifteen of the '96 boys responded to the call for a reunion, and a most enjoyable time resulted.

Dr. Ellingwood writes us that both the Pennsylvania and West Virginia meetings were well attended and very enthusiastic. We rejoice with them in the promise of the many good things to come to the school from these bodies.

## PERSONALS.

Drs. Clark, Collins, and Kingsbury, E. M. I. '04, passed the Pennsylvania State Board with good averages.

Dr. Frank N. McLaren, E. M. I. '04, passed the Illinois State Board and is now located at Ipava, Ill.

Dr. W. R. Ruble, E. M. I. '87, recently of Lexington, Ky., is now located at Smith's Grove, Ky., with excellent prospects before him.

Dr. Anna E. Park, of New York, one of that city's best known physicians and philanthropists, died recently from pneumonia.

Dr. G. W. Clark, E. M. I. '04, was married May 12th last, to Miss Mollie M. Ross, of Geneva, Pa., and they are now happily ensconced in Shippensville, Pa.

Good location at Butlerville, Ind. Population 800, good surrounding country. Am retiring from active practice. Address Dr. W. D. Corya, Butlerville, Ind.

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**H. A. MUMAW, Elkhart, Ind.**

We have just received an announcement of the marriage of Miss Alice L. Underhill and Dr. E. R. Waterhouse, of St. Louis. They are at home at 1416 Choiteau avenue, St. Louis, Mo. The JOURNAL extends congratulations.

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Died, at his home in Philadelphia, Penn., [May 10, Prof. Roberts Bartholow, M. D., an eminent physician, formerly Dean and Professor in Medical College of Ohio, Cincinnati, but since 1879 connected with Jefferson Medical College, Philadelphia, and author of several well known text-books. He was aged nearly 73.

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Dr. Robert M. Stephenson, E. M. I. '03, died of tuberculosis at his home in Springfield, O., July 1st. Dr. Stephenson was born and raised in Springfield, had attended Wittenberg College, and stood well in his class. He was a classmate of Dr. Howard Austin, and Prof. Russell was his preceptor, and he had previously studied under his uncle, Dr. J. T. McLaughlin. Soon after leaving college he was compelled to go west for his health, spending part of the time in Phoenix and San Diego, Cal.

IN MEMORIAM. T. A. E.

Our friend is gone—our brother dead!  
He who but yesterday seemed so strong,  
And with magnetic nature would have led  
His fellows to a higher goal,  
Now sleeps in peace, to rise no more  
Until awakened, like the rest,  
By that last great trumpet call.  
But we, who linger yet a while,  
Must bear aloft the standard that he bore,  
And fight the fight he would have fought,  
That he in us, though dead, may live for evermore.

---

Drs. P. E. Decatur, W. O. H. Ross, James G. Sherman, Myron Hanna, V. T. Reynolds, and Thad. McLaughlin were successful in passing the examination before the Ohio State Board, securing averages ranging from 82 to 91½. Dr. Decatur is located at Marseilles, Dr. Ross will practice in Cincinnati, Dr. McLaughlin in Springfield, and Dr. Sherman in Columbus. Three other graduates registered under the exempt law. Dr. G. W. Smith is located at Newark, and J. T. Brodnac at Piqua, and Dr. C. P. Krohn at Pleasant Plain, Ohio.

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Dr. F. B. Black, E. M. I., '79, of 2708 West Washington street, Indianapolis, Ind., wants to place a bright, up to-date, young eclectic in a good place. Nothing to sell or to buy. Write to him.

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READING NOTICES.

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Brain-fag from worry, overwork, or excesses of various kinds, is quickly relieved by the use of Celerina, in teaspoonful doses three times a day.

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S. Monroe, M. D. Crystal, Mich., says: "I have used Satyria in cystitis, and find it very good."

Acute Cystitis (excess alkali): R—Tr. hyoscyamue 2 drachms, soda benzoate 2 drachms, satyria, q. s. 4 ounces. M. Sig. Teaspoonful three times a day.

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Recently I had occasion to try Sanmetto in catarrh of the genito-urinary organs in the female. The patient was a young married woman 30 years of age, the mother of five children. She complained of scant but frequent urination. I made an examination and found irritable bladder with acid urine and offensive sedimentary deposits. I gave a prescription of copaiba, potash, lavender, and lithiated hydrangea, which did some good, but did not give me satisfaction. When Sanmetto occurred to me I added a whole bottle of it to my prescription; then my patient began to make rapid improvement, and within a week was well. Her husband told me afterward that the medicine had infused new life into her, and that her erotic powers had greatly increased, and that for which she always formerly had an aversion was now made a pleasure to her. I think there is no better medicine made where the same is indicated.

MAX SMITH, M. D., Page's Mills, S. C.

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There is still some difference of opinion among physicians as to whether the preparations of the active principles of cod liver oil fully replace the administration of the oil itself. There can, however, be no difference of opinion as to the superiority of these preparations during certain periods of the year. During the summer months especially we have found them of great use, for there is a marked loathsomeness on the part of patients to take emulsions or preparations having an oily nature. Among these preparations we have found Hagee's Cordial of Cod Liver Oil one of the most satisfactory. It is exceedingly palatable, can be taken by those with the most delicate digestion without any disturbance of the same, and its effects are rapidly observed.—*Colorado Med. Jour.*

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FAULTY ELIMINATION is a prolific source of trouble and the cause of many distressing symptoms pointing to no definite lesion, but complicating and obscuring the actual symptoms of a real disease. Such a condition is puzzling to the doctor and discouraging to the patient, often causing dissatisfaction with the treatment and lack of confidence

in the physician; yet the whole train of symptoms may be only the result of a lowering in the tone of the secretory organs, and the retention of poisonous material in the system. In all conditions which follow as the result of the blocking of the eliminative organs, such as colds, bronchial catarrh, la grippe, pneumonia, and autotoxia, one of the first indications is to bring the eliminating organs up to the normal, and put them in condition to perform their natural duty.

A cold is by no means a simple affair, which, left to itself, will always speedily get well. The acute stage will probably spend itself, and the patient may think he is free from further trouble; but such attacks render him more liable to further infection, and pneumonia, chronic bronchitis, and chronic kidney disease, are some of the sequelæ of frequent colds. Therefore, these apparently harmless colds are to be taken seriously, and cured absolutely as soon as possible. To cut short these attacks, and restore the tissues to normal powers of resistance, the Dad Chemical Co. of New York commend Respiton. It contains *asclepias tuberosa* and *berberis*. A teaspoonful in a glass of hot water every two hours will effect a complete cure in a few days. —*Interstate Med. Journal, April, 1904.*

PROTECTION IS WHAT THE DOCTOR WANTS:—The old and reliable Fidelity and Casualty Co. of New York, with agencies in all cities, are doing a large business in the way of insuring physicians and surgeons against both trouble and loss from alleged malpractice suits by mischievous adventurers. Physicians who take out a policy with this company are not disappointed with the treatment received, and have the full assurance that they will be protected to the utmost in every particular. This is quite in contrast with the methods of several of the so-called "Defense" companies who only agree to defend such litigation, and in the event of damages being obtained, as is too often the case, the confiding physician has to pay the bill himself. It is well for the medical profession to look into these points carefully and see just what kind of a policy and proposition they are paying for.

COCA IN DISEASES OF THROAT AND NOSE.—Dr. Fauvel (of Paris), Dr. Louis Elsberg, Dr. Lennox Browne, Dr. Morell MacKenzie, together with a host of American laryngologists, have advocated coca, particularly specified as Vin Mariani, as a unique and important remedy in the treatment of diseases of the respiratory tract. It not only acts through its local influence as a sedative, but it is at the same time a tonic to the general system. In a beginning coryza, bronchitis, or sore throat, it should be taken in full dose as a hot grog at bedtime. When a liquid food is indicated there can be no better reconstructive than a wineglassful of Vin Mariani every three hours during the day. It is an unfailing adjuvant to all known remedies.—*The Coca Leaf.*

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## ORIGINAL COMMUNICATIONS.

### FRACTURES OF THE FEMUR.\*

By A. B. Young, M. D., Brownsville, Tenn.

**T**HE femur or thigh bone is the longest, largest, and strongest bone in the human skeleton. It articulates with the os innominatum above and with the tibia and patella at its lower extremity. It is separated from its fellow by a considerable interval, corresponding to the breadth of the pelvis, not vertically, but inclining gradually downward and inward, approaching its fellow at the knee joint, thus bringing the thigh near the line of gravity of the body. This degree of inclination varies in different persons, according to age, it being greater in old persons, and in females on account of the greater breadth of the pelvis of the female. The femur is divisible into a shaft and two extremities. The upper extremity consists of a head, neck, and the greater and lesser trochanters. The neck is a pyramidal process of bone, flattened from before backwards, contracted in the middle, and broadest at its outer extremity, where it connects the head with the shaft. It varies in length and obliquity at various periods of life, and under different circumstances. Before puberty it is usually directed obliquely so as to form a gentle curve from the axis of the shaft. In the adult male it forms an obtuse angle with the shaft, being directed inward and a little forward. In the female it approaches more nearly a right angle. Occasionally in very old persons or those greatly debilitated its direction becomes horizontal, so that the head may sink below the level of the trochanter, and its length diminishes to such a degree that the head becomes almost contiguous with the shaft. It is broader in the vertical than in the antero posterior diam-

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\* Read before the Tennessee State Eclectic Medical Society.

eter, and much thicker below than above, which gives it great resistive power required in sustaining the weight of the body. It is perforated by numerous foramina, and receives towards its outer end the attachment of the capsular ligament.

The shaft of the femur is almost cylindrical in form, of compact tissue, a little broader above than in the center, and somewhat flattened from before backwards below. It is slightly arched so as to be convex in front and concave behind., where it is strengthened by a prominent longitudinal ridge, the *linea aspera*.

For surgical purposes the shaft is divided into three sections, viz., the upper, middle, and lower thirds. The lower extremity of the femur is larger than the upper. It is of cuboid form, flattened from before backwards, and divided into two large eminences, the external and internal condyles, which are divided by an interval or depression in front called the trochlear, and a notch of considerable size behind called the intercondyloid notch. The external condyle is more prominent anteriorly, and is broader both in the antero-posterior and transverse diameter. The internal condyle is narrower, longer, and more prominent internally. The femur is surrounded and shielded from external shock by compact and powerful muscular tissue, yet this shielding influence is more than counterbalanced by the strain the bone frequently receives from both direct and indirect violence, and this bone is subjected to various fractures similarly to the other long bones of the body.

A fracture denotes solution of continuity in a bone, or the forcible separation of a bone into two or more pieces. Bones are organized structures, and when they are broken, if the fragments are kept in apposition, the reparative processes can mend or consolidate the fragments, rendering a fractured arm or leg as strong as ever after a few weeks; and it is the office of the surgeon to place the broken parts in the right position and hold them there by the use of such appliances as the nature of the case demands, until nature can do its work of uniting the parts. The practitioner, when called to treat a fractured bone, must keep in mind that he can not undertake to treat such cases without placing his professional reputation in jeopardy, and assuming the risks of vexatious and expensive litigation.

Fractures are primarily divided into two classes—the simple and compound. In a simple fracture the lesion is uncomplicated with injuries of the soft parts. A compound fracture has for its essential character a wound of the skin communicating with the fracture. The wound may be produced by the direct force which causes the fracture or from within by the end of one or both fragments being thrust through the soft parts, either by the continuance of the original force or by the weight of the body. The latter mode is the more frequent; consequently compound fractures are more common in the leg than in any other part of the body. If the laceration is caused by the simple protrusion of a sharp fragment of bone, without further injury to the

soft tissues, the wound may unite by first intention, converting a compound into a simple fracture. On the other hand, a fracture, simple at first, may be rendered compound by ulceration of the skin over a broken subcutaneous bone, or by the formation and bursting of an abscess at the seat of the injury. We may also have what is known as the partial or "green-stick" fracture. This is where the fracture stops before it extends completely through the substance of the bone, giving the limb a somewhat bent appearance, without displacement of the fractured ends. The partial fracture is rare, while the complete is common. When a bone is broken into many pieces it is called a comminuted fracture. Some of the pieces are often completely separated from the periosteum, and lose all source of nourishment, and must be removed before the other fragments can unite.

The additional lesion of an important blood-vessel or nerve, or the extension of the fracture into a neighboring joint is called a complicated fracture. These complications are frequently of such seriousness as to produce death. The fragments of a simple, uncomplicated fracture, if kept in fixed apposition, will ordinarily become consolidated in five or six weeks, yet as many months may be required in the repair of a compound injury with perverse complications.

The direction of a fracture may be oblique or transverse, though the line of separation, in a strict sense, is rarely the one or the other.

When the lines of separation radiate from a single point they are termed *stellate*, and when the broken ends of bone are full of spicula or serrations which may interlock like opposing teeth, the fracture is *dentated*. Transverse or oblique fractures, if they be dentated, may be of difficult reduction, but when reduced are not easily displaced. If the line of separation be simply oblique, the reduction is not difficult, but there is a disposition on the part of the fragments to slide past each other.

It is plainly observable that the long bones are most frequently fractured. According to most authors the clavicle is most frequently fractured of all the bones in the body, and the femur is given the fifth place in frequency. But according to my own observation and experience the femur should take about the second or third place, and the radius first in frequency. The point of fracture of the femur varies according to age. In old age the neck of the femur approaches a right angle, and this part of the bone is naturally of a loose, cancellated structure, and loses its elasticity, owing to a deficiency of animal matter, causing the earthy to be in excess, which gives the bone a brittleness that does not exist in young persons. In the aged, also, the whole body loses its elasticity; the movements are heavy, awkward, and less secure, and falls are likely to take place from trifling causes. The muscles surrounding the hip joint waste, causing this part to become flattened, having comparatively little covering; so that a fall upon the posterior part of the hip, which in young people, in whom the muscles act as a cushion, might tell with little force



directly on the trochanter, or neck of the bone, would, in an old person where this cushion is absent, be sufficient to produce fracture. Young people also may be able to break the force of the fall by the use of their arms, or by the strength and activity of the body generally; while an old person falls like a dead weight and the shock is much greater. All these circumstances taken together tend to make fractures of the femur much more frequent in old than in young people. Sex is also a factor in this kind of fracture, the pelvis being wider in women and the neck of the femur longer, and joining the shaft more at a right angle. Besides, their bones and body supports are weaker, being therefore less capable of offering resistance to forces acting upon the skeleton, thus subjecting them to frequent fractures of these parts.

Fracture of the shaft and condyles of the femur are more frequently seen in young people of either sex, and they are caused by either direct or indirect violence. In fracture of the neck of the femur within the capsular ligament, or near the head of the bone, ossific union need not be expected; but in fractures extending partly within and partly or wholly without the femoral attachment of the capsular ligament, bony union may be reasonably expected, with a strong and useful limb. Hence it is quite essential to understand, if possible, where the solution of continuity exists, so as to be able to give a correct prognosis. Displacement and mobility of a fractured bone have much to do with consolidation. If the separation of the fragments be so great that there is scarcely any contact, or if there be constant rocking of one end of the bone upon the other, consolidation will be thwarted, resulting in pseudo-arthritis or false joint—a deplorable state of affairs which will require much skill and tact on the part of the surgeon to correct, even if it can be done at all.

Fractures occurring below the trochanters and above the condyles belong to the shaft of the bone. The line of separation is not confined to any particular part, but is found in the upper, middle, and lower thirds. The point most liable to yield to indirect violence is just a little above the center of the bone. The femur has a short curve in that region, which may be the reason that the accident occurs here so often. Fracture at this point is usually caused by indirect violence, as in falls when the person strikes upon the feet, the force transmitted upward. The femur may, however, be broken at any point by direct violence, as a blow, a fall upon the thigh, or the passage of a wheel over the thigh; and doubtless more femurs are broken in this way than by indirect agencies.

In either fractures of the neck or shaft of the femur the foot on the affected side almost invariably takes the everted position; and although it may easily be replaced in its proper position, unless confined there it will immediately return to a state of eversion. This, then, becomes a valuable sign of fracture of the femur. As a general rule, a person with a broken femur falls immediately upon reception

of the fracture, or, having received the fracture by the fall, is unable to rise. Yet there are notable instances in which patients have not only risen from the ground but walked almost as if nothing serious had happened. Theorists have attempted to explain these unusual powers after fracture on the ground of firm impaction, as in fracture of the neck, and interlocking in fracture of the shaft of the bone. It has been claimed also, that in such cases the unbroken periosteum holds the pieces in position.

The symptoms of fracture of the femur are usually quite distinct and reliable. The patient, or persons who chance to be near, may hear a distinct snap at the time of receiving the injury, and the patient usually feels such a piercing pain that the nature of the lesion is unmistakable. However, pain is not always a reliable sign of fracture, for it is sometimes so slight that it is scarcely complained of unless motion is imparted to the fragments. But usually the pain is so acute and agonizing as to be almost unbearable, and brings forth the most pitiable cries of distress, especially when motion is imparted to the fragments, as in handling or examining the limb.

Other signs of fracture are loss of power and swelling immediately or several days afterwards; effusion of blood around the fragments, and extravasation into the surrounding tissues produces immediate swelling and constitutes an internal ecchymosis. This ecchymosis may extend to the surface, causing discoloration of the skin around and at quite a distance from the injury. In fractures communicating with a joint the blood may mix with the synovial fluid, which will contribute to the general tumefaction.

Preternatural mobility is a characteristic sign of fracture. To develop this symptom one fragment must be fixed while the other is moved in different directions. Motion can usually be easily produced in the shaft of a broken femur, as well as in other long bones, but it is not so readily demonstrated when the fracture occurs in or near the hip joint. Displacement of the fragments and shortening of the limb are valuable diagnostic signs of fracture, and often an experienced surgeon can at a glance divine the nature of the injury by the deformity.

Crepitus, when it can be elicited, is the most decisive of all signs. This is a grating sound produced by rubbing one fragment of bone against another. However, it cannot always be elicited, on account of the interlocking of the ends of the fragments, and in fracture of the neck of the femur, the round head of the bone and its free motion in the acetabulum require the least interlocking of the fragments to cause the lesser fragment to follow the natural movements of the larger. The articular fragment, too, is so short and so nearly concealed in the cotyloid cavity that it cannot be seized and held while the other is made to grate against it.

In many cases the normal size of the limb renders manipulation quite useless. The diagnosis then is based more upon movements, eversion, and other signs already indicated, than upon the senseless

kneading that inexperienced practitioners are apt to apply to the suspected fracture. It is quite essential that the evidence of fracture be ascertained when it actually exists, in order that the treatment may be well directed.

Shortening of the limb can generally be determined by measurements between prominent points of the body. The patient being placed straight on a mattress in bed, or on a cot, and care being taken that the shoulders and pelvis are parallel to each other, and the legs in conformity to the straight attitude, a piece of tape or inelastic cord is used to measure the distance from the symphysis pubis to the internal malleolus of each ankle. This will give the amount of shortening if any exists, and thus becomes a valuable diagnostic sign of fracture.

When called to take charge of a fractured thigh or hip, the surgeon should place himself right with the patient and friends by explaining the nature of the injury and the probabilities of a good or imperfect result. An imperfect conception of the nature of the accident, or a "trust-to luck" management of the injury, will not do, and will surely lead to the chagrin and disgrace of the surgical attendant, and to the permanent crippling of the patient. No practitioner should assume the responsibility of treating a fractured femur unless he comprehends what is absolutely necessary to assure at least an average recovery. A perfect result can not be always attained, for the circumstances under which some cases have to be treated may thwart the best directed efforts. However, lack of skill is the most common cause of bad results.

The usual signs of fracture having been observed, and comparisons made with the other limb, the existence of displacement can be pretty accurately determined. Shortening, or overlapping of fragments, can generally be overcome by extension and counter-extension, applied by the hands of assistants. In obstinate cases of muscular contraction, chloroform may be used to overcome it, and to put the patient into that condition which admits of free manipulation and examination of the injured parts.

Everything being ready for the dressing, the reduction, if any be required, is made, and sufficient extension used to overcome muscular resistance. The ends of the broken bone are to be placed as nearly as possible in their natural relation. This is called adjusting, setting or coaptating the broken bones. This is generally supposed to be a very skillful maneuver, though it is not half so difficult to perform as to keep the bone in place when once adjusted. So it is very necessary to have everything in readiness before you begin the work.

As a rule, the sooner reduction is effected after the accident, the better it can be done. But if, for some reason, the doctor is not called until several days after the injury occurs, or until the inflammation is at its highest, it may be advisable to defer reduction until the parts are more manageable.

All kinds of appliances have been invented for the treatment of

fractures of the femur. The methods of retention include splints, bandages, contrivances for maintaining extension, immovable dressings of plaster of paris, etc., together with belts, adhesive plaster, woven wire and various means to enable the surgeon to manage special cases.

Bandages may be made of old sheets, or unbleached domestic. Flannel makes an excellent bandage; it is elastic and does not slide one fold over another as easily as cotton. A bandage for plaster of paris, to constitute an immovable dressing, is made of coarse muslin, so as to retain the plaster in the meshes. The bandages should be from  $2\frac{1}{2}$  to 3 inches wide and about 10 yards long, devoid of selvage, and of one continuous piece, and should be applied as smoothly and evenly to the limb as possible.

In applying a plaster of paris dressing, the plaster should be thoroughly worked into the bandage by rubbing it on with the hand or spatula. The bandage is then rolled into a compact roller and immersed in a basin of hot water until the bandage is thoroughly wet. After squeezing the water out of the bandage it is to be immediately applied as you would an ordinary bandage, the part being first covered with a layer of absorbent cotton, and several layers of the plaster bandage applied to make a firm dressing. It is usually best to wait several days, or until the swelling and inflammation have subsided, before applying this plaster dressing, the limb being first treated by applying a temporary dressing of splints and an ordinary bandage. Starch dressings are applied pretty much the same as the plaster of paris dressing. Using an ordinary bandage, apply the starch paste to each layer separately until a stout and firm dressing is obtained. The plaster has the advantage over the starch dressing, in that it sets immediately. On the contrary, it is heavier and not so easily cut away, when it has to be removed for any cause. When either of these dressings are used, extension should be maintained until the dressing becomes solid.

Splints are made of various substances, according to the caprice of the surgeon, or the nature of the materials at hand, such as lathes, shingles, cigar boxes, pieces of tin, binders' board, sole leather, etc. However, wooden splints are by far the most commonly used in country practice, and in the majority of instances they are the best. Patent splints of various materials and shapes have been introduced from time to time, but the country practitioner derives little benefit and consolation in cases of emergency from these or other complicated contrivances that can not be obtained at the time. Any physician of moderate ingenuity can make from thin boards all the splints he may need, or at least construct a temporary appliance, which will do until he can get a carpenter to make a more suitable apparatus; or, if desired, secure more suitable and impressive appliances from the instrument makers.

Substantially the same treatment applies for all kinds of fractures

about the neck of the femur. The patient can be attended with less trouble if he is placed upon a narrow bed or cot, upon a firm mattress. Featherbeds for such cases are abominable. A number of pillows can be used to support the aching parts, and bags made of strong cloth, holding a peck or more, and filled with nice, dry sand, are useful to put under the knee if semiflexion is adopted, or to bolster up the limb at any point. The fracture having been adjusted, the limb may be put in the double inclined-plane position, semiflexion over a large sand-bag at the knee, and traction to prevent shortening, made by suspending a weight of from five to ten pounds, fastened to the foot, over the foot of the bed, and sand-bags and firm cushions may be placed behind the trochanter and along both sides of the leg to promote comfort and to aid immobilization. Two small sand-bags, one placed on either side of the heel, are used to overcome eversion. For immobilization without permanent traction, we may also use as a dressing either the long side splint, extending from the side of the chest to several inches below the foot, or a plaster of paris dressing, including the entire limb and the pelvis. The dressing should be worn for six weeks or two months, if possible.

It is to be expected that some shortening and outward rotation of the limb may be permanent, and the range of motion of the joint may be considerably restricted by consequence of arthritis or exuberant callus. However, time, and the proper use of the limb, may contribute largely to alleviate the stiffness and bring the leg to its former good shape. Even though there be one-fourth to three quarters of an inch shortness at first, this is usually considered admissible. The adaptation of the pelvis to this condition, and raising the sole and heel of the shoe, will greatly overcome this defect.

Treatment for fracture of the shaft of the femur is commonly by one of the methods of continuous traction, that is, extension by weights and pulleys. The limb may be placed straight alongside of the other, the fracture having first been set, and four or five short splints extending six or eight inches each way from the fracture are bound to the thigh by tying several pieces of tape around them, and also a suitable bandage, if necessary, to keep the parts in apposition, and a weight tied to the foot and suspended over the foot of the bed, using sand-bags to bolster the hip, and the whole limb, to aid in immobilization, and to make the patient as comfortable as possible. Or, the leg may be semiflexed by placing sand-bags under the knee, and using this same dressing. Further extension can be had by raising the foot of the bed to any height that may be desired, by placing bricks or suitable blocks under the bed-posts.

The plaster of paris dressing is preferred by some surgeons. The whole limb, from foot up to and including the pelvis, are placed in a firm plaster cast. But its results are said not to be so satisfactory as those obtained by some of the other methods. I like the long, straight splint method of dressing these fractures, and think it gives better

results than any other method. Use a piece of board nearly an inch thick and about four inches wide, pierced with two holes at its upper end, and notched two or three times at its lower end, and long enough to reach from near the border of the arm-pit to three or four inches below the foot. The splint should be well padded its whole length, and applied to the outside of the thigh and leg, including the body. A perineal band is made to pass between the genitals and the thigh, one end in front and the other behind, to the two holes at the top of the splint, through which they pass to be tied in a bow knot on the outside. By this perineal band traction can be made from above, and the limb being extended, and the fracture once adjusted, and the foot and leg securely fastened to the end of the splint below by means of a suitable bandage winding around the foot and down through the notches in the board several times, and continuing up the leg, enveloping the whole limb, and even taking several turns around the body at the top of the splint to hold it in place. Before doing this it is a good plan to bandage the foot and the ankle in a flannel roller in the ordinary way, first enveloping the parts in cotton wool. This protects them from undue pressure of the splint. Nearly any fracture of the femur can be successfully treated with this dressing, including fractures of the lower end of the bone and the condyles, though some surgeons prefer treating the latter by means of immobilization in plaster.

Of course it will be necessary in the treatment of all these cases, and especially those of old persons, to guard against bed-sores and ulceration of various parts, and give the indicated remedies to counteract any complications that may arise during the treatment, and also to sustain the strength and vital forces of the patient by giving such food and nourishment as the case may demand.

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#### CHAMOMILE.

By E. R. Waterhouse, M. D., St. Louis, Mo.

**C**HAMOMILLA *Matricaria* is known as the German Chamomile, and is one of the remedies that we will use largely at this season of the year, when we find numerous cases of summer complaint in children.

Chamomile is a great German remedy in the treatment of numerous ills that are found in every family. It is a remedy where there is irritation of the nervous system, as is found in disordered digestion accompanying the period of teething, and in some instances it stands second to none.

There are two varieties of this plant, the Roman and the German, the latter being best suited to these cases. This remedy is noted as a tonic, and in large doses of an infusion it is an emetic. Our homeopathic friends have very good indications for its use. "Child whining, wants to be carried and tossed. Is not still in any position. Will wake

easily." Here we have an irritation of the nervous system, and here Chamomile will give a good account of itself.

Its action is very pronounced upon the digestive organs, and where the bowels are trying to remove the results of fermentation, Chamomile assists by quieting the restlessness and distress so caused. Its action as an antispasmodic is very pronounced, and its exhibition in selected cases will result in a quiet and calm sleep.

We note a condition in young children where they are restless, bowels bloated, and the child draws up its feet and legs. Here give a dose of oil and small doses of Chamomile; should there be fever, add a little aconite to your mixture.

This remedy will assist in relieving constipation, and in certain diseases of the skin, where there is a troublesome rash, of course resulting from an abnormal condition of the bowels, Chamomile will do great good. It is a remedy that can never do harm, which can not be said of all remedies used in these conditions.

I have seen an old German "mammy" bring a child through the crisis of bowel trouble due to teething, when the physician had become discouraged and given up the case.

An infusion of this herb is a good remedy as an injection in troublesome cases of leucorrhœa, either warm or cold, as the patient may elect. It relieves the pain, nerve irritation, and lessens the discharge. It is also a remedy of importance in treating old ulcers. Wash the sore with the infusion, and bind on a piece of cotton or gauze wet with the remedy. In catarrhal diseases of the eyes its use both locally and internally will do great good. It is especially a remedy in the sore eyes that frequently occur in young children.

In treatment of amenorrhœa, give the hot infusion in doses to fall short of nausea. In the latter days of gestation, where the patient complains of a weight in the pelvis, with nervous irritability, it will relieve in the greater number of cases.

In labor, with a rigidity of the parts, I have often seen the old German mothers prepare an infusion and allow the patient to sit over it, and steam the parts, of which procedure I have my doubt as to its utility.

In treating cases of measles, large doses of the infusion will greatly assist in developing the eruption, and in scarlet fever it will increase the flow of urine, which is often very desirable.

Chamomile should not be forgotten in cases of incontinence of urine. Here we may have as a cause a considerable irritation of the sympathetic nervous system, and in such a case you can give this remedy with expectations that you will cure the child. The dose of the remedy will be from a few drops to a drachm, added to a four-ounce mixture, a teaspoonful of the mixture being a dose as often as the nature of the case demands.

The *Anthemus Nobilis*, or Roman Chamomile, is the variety with a double, and larger flower. It is seldom used except as a tonic to a

debilitated stomach, and here it is a good remedy. It is seldom that we find a remedy that acts so acceptably to an irritated stomach as does this remedy. Add five to ten drops of a good fluid extract, or specific, to a wineglass of water, to be taken at a single dose before each meal.

A treatment which in my opinion comes very near being a specific in the summer diarrhoea of children, and especially nursing babies, is to begin the treatment with tablets of calomel and soda, of each one-tenth or twentieth of a grain, and repeat the dose every hour until it has influenced the entire glandular system, and emptied the bowels; then follow with teaspoonful doses of Chamomile (specific), fifteen drops, and three or four drops of aconite to a four-ounce mixture. This is to be repeated every hour. Here the Chamomile will do what the trituration of podophyllin will not, and we as eclectics should not let our prejudice get the better of ourselves, for we are advocating the selection of the best, regardless of whence it may come. While I do not like the indiscriminate use of calomel any better than many of you, here is the place for it, if it has any place in the therapeutics of any school of medicine, and I beg that you will try it, and I assure you, you will never again be found without it in your medicine case during the summer months.

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#### SOME IMPORTANT POINTS IN OBSTETRICS.\*

By Nannie M. Sloan, M. D., Latrobe, Pa.

**T**HE pregnant woman is subject to all the acute diseases that non-pregnant women are, with added risk and frequently premature delivery. Typhoid fever, pneumonia, scarlet fever, small-pox, erysipelas, gonorrhoea, etc., are dangerous complications. Some women suffering from tuberculosis seem to improve during pregnancy. Syphilis is one of the most frequent causes of fetal mortality. Be a little suspicious of women that frequently abort; they are often syphilitic. Chronic nephritis is another serious complication. The urine of such patients should be examined frequently, and treatment given accordingly.

Eclampsia is something every physician dreads. This is due to an auto-intoxication, and is preceded by well defined symptoms, as headache, dull or severe, often a band-like sensation around the head, blurred vision and sometimes blindness. So few women realize these symptoms as danger signals, and do not consult the physician till almost too late. I attended a very severe case my first year in practice, and cautioned her that the same might happen should she be pregnant again. She did; employed a regular physician, and died in confinement.

When called to a case of confinement, go as soon as you can. In doing so you remove the anxiety of the patient and family; they are

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\* Read before the Pennsylvania State Eclectic Medical Society, May, 1904.



always anxious to know if everything is all right. A good cheering word now does a great deal. We are supposed to get busy. Should the pains be weak and slow, we hustle out our medicine case and soon have something prepared that will tell in a short time. We think of black cohosh, pulsatilla, gelsemium, lobelia, etc. A cup of hot coffee will sometimes give prompt relief. Quinine is often given with good effect.† Primipara require larger doses, usually 18 grains. Should the patient become exhausted, give her a little morphine and she will get rest and sleep, while nature will resume her work without exhausting the patient.

Observe the pulse during and after delivery. The drop in the pulse after delivery is usually a decided one, depending on the firmness of the contracted uterus. We never feel satisfied after the third stage until we feel the hard, firmly contracted uterus, and pulse rate below 100. A rapid pulse after delivery is an indication of danger; a slow pulse indicates safety.

Many physicians are apt to become uneasy if the placenta does not appear promptly, or if Crede's method or making traction on the cord fails to dislodge it. Be careful when making traction, as there is danger of breaking the cord or inverting the uterus. If the woman's pulse is good, no hemorrhage, and everything seems favorable, quietly wait. Sometimes by introducing the finger under the side it loosens easily. But where truly adherent it has to be gently peeled or pinched loose, great care being taken not to leave any adhering to the uterine walls. Examine the placenta carefully in such cases to see if none remained; severe hemorrhage or septic infection may follow if so.

I noticed in one of the late journals a cure for eclampsia. It was the stripping of the capsule off the kidney. I think there are few who would undertake such an operation. I, for one, would rather resort to medicine. I have had very good success with the use of veratrum, 10 drops hypodermically, and large doses of passiflora.

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**PILOCARPUS (JABORANDI).—THUJA OCCIDENTALIS.—ASEPSIN.\***

By E. F. Shaulis, M. D., Indiana, Pa.

**PILOCARPUS.**—The dominant question in the use of Pilocarpus is, do I want to establish or suppress secretion? This premise obtained, we next determine the part upon which such action is to be effected, whether salivary glands, mammary glands, hair follicles, skin, etc., the necessity of slow or quick action, upon which depends the size of dose, the patient's individual susceptibility to the drug action, and the amount of vital force upon which to depend.

Having studied the case thoroughly in the foregoing manner, we have in pilocarpus a most excellent remedy, one unexcelled in its field.

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† Read before the Pennsylvania State Eclectic Medical Society, May, 1904.

The drachm dose for establishing a crisis with favorable termination in severe forms of acute disease, as in inflammatory rheumatism, pernicious malarial fever, the wild delirium of typhoid fever, or the wild pain of pleuritis, within an hour or two, are highly recommended by Prof. Webster.

Where a fatal issue seems imminent in such cases, we probably possess no other remedy so capable as this of establishing a permanent and favorable crisis in severe febrile diseases.

Where time permits in chronic cases the practice of giving one or two drachms of the specific medicine to four ounces of water, a teaspoonful every half-hour for from four to six doses, then every one to two hours, has a great many advocates. Here it most likely becomes a special sedative.

Were these principles to be studied and applied, this paper might do well to stop here; but a few applied principles or timely suggestions will probably help us recall what knowledge we already acquired before coming here, and help fix them in some dormant-celled recesses of our intellectual store house, so that these paramount truths may become a very present help in time of unavoidable trouble.

Prof. Webster says: "In inflammatory rheumatism, from the most active forms, where the tissues are swollen to the fullness of the skin, and the pain excruciating, to the more passive forms, where joints are swollen and stiff but not exceedingly painful, there is nothing in the materia medica like it for promptness of action in relieving the local symptoms."

How comes the power of this remedy to relieve muscular pain when accompanied by puffiness of the surrounding tissues? A case of gonorrheal rheumatism of the right shoulder, which kept the sufferer from using his right arm for weeks, as well as depriving him of his rest at night (the entire shoulder was slightly swollen, but especially swollen and tender under the scapula), was relieved by two drachms of pilocarpus in four ounces of water, a teaspoonful every half-hour for six doses, and a teaspoonful every hour thereafter until the four ounces were consumed, and to his surprise he was able to return to the work bench.

How, then, came these quick and positive results? Prof. Ellingwood says: "No one known remedy stimulates every secretion of the body simultaneously as does this agent, and after the sweating has continued a few minutes profusely some stimulant should be administered."

Prof. Foltz says: "The general effects noticed in the cases where I administered Pilocarpus are, increased flow of bile, with the accompanying increase of appetite, better digestion, more or less improvement in the action of the bowels."

Few drugs, therefore, can serve for as many purposes through modification of the dose as Specific Medicine Pilocarpus.

We should remember its action on the parotid glands, on the mam-

mary glands, on the hair follicles, and on the sweat glands as in colliquative sweating.

How it has this "double" action of both increasing and suppressing secretion is a question for thought and further investigation. Is it dosage? Do the results depend on the same pathological condition? Why has aphthæ complicated with ptyalism and stomatitis been cured when several other remedies failed?

It seems plain, probably, why pilocarpus, cautiously used in Bright's disease, is an effectual remedy, causing vicarious action of the skin, thus relieving the system of the effects of retained urinary secretion. It must be remembered, though, that profuse perspiration does not always attend its action, but it equalizes the circulation, relieves internal organs of congestion and promotes an even distribution of capillary blood, thus often disposing of urgent and dangerous symptoms.

Try it in severe lumbago, where you have failed with cimicifuga. Do not forget it in rheumatism of the heart. Observe and study its action on the circulatory system, on the glandular system and organs, on the respiratory apparatus, on the urinary organs, on the muscular system, and on the skin.

Remember, drachm doses should be cautiously administered and seldom repeated.

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THUJA OCCIDENTALIS.—In my short experience with thuja I find it is all it is recommended to be in the treatment of syphilitic and gonorrheal affections. It is to these affections what the surgeon's knife is to the weeping sinew. It shells it out, and that right quick and clean. I have known it to open painful buboes in less than twenty-four hours, when given in doses of twenty drops every two hours. They opened, drained thoroughly, and healed in a short time.

We have at present, in my estimation, no remedy equal to thuja with which to treat syphilitic or gonorrheal iritis, conjunctivitis, enlarged glands, fissures, ulcers of the stomach, bowels, sigmoid flexure, rectum, uterus, and fistula ani.

Hemorrhoids, with or without hemorrhage, are relieved in a short time, either by injections into the rectum of a 10 to 50 per cent. solution or by hypodermic into the hemorrhoids themselves. It may be used in capsules or on tampons.

For internal use and local applications to cutaneous surfaces use the alcoholic preparations, but for hypodermic use and local applications to mucous surfaces use the aqueous or non-alcoholic. It may be useful to note here that the aqueous preparation does not burn when applied locally, and is devoid of odor, which in some cases is a great desideratum.

If applied locally to chancroids with rapidly spreading edges and painful ulcerations it gives prompt relief and keeps the ulcer from spreading. The same method of treating faucial ulceration, nasal catarrh and nasal polypi is advocated.

It undoubtedly is a superior hemostatic agent when applied directly to the open vessels. It is claimed to have curative virtues in cases of hemorrhage from the womb at menstrual periods, caused by polypoid growths, if administered internally for a short time, and even has caused the growths to be expelled.

A tampon saturated with equal parts of thuja and glycerine, applied to catarrhal ulcers of the uterine neck two or three times a week, has frequently cured them. In all stages of gonorrhea and gleet equal parts of colorless hydrastis and thuja, diluted to suit the case, will be found very useful to the physician financially, and the patient otherwise. Use aqueous thuja here.

In children and elderly persons having partial paralysis of the defecatory apparatus thuja is specifically a topical restorative. It may be injected or applied locally on cotton or woollen tampons inserted in the rectum. The same principle may be applied to prolapsed anus, in which case a cotton tampon or pad saturated with thuja is very effective.

We might do well to give further study to the virtues of this remedy in diabetes mellitus, in sexual neurasthenia, in spermatorrhea, in nocturnal incontinence, on polypoid growths, and in hernia, and we should not forget Prof. A. J. Howe's method of curing hydrocele.

This remedy seems to have a peculiar influence over abnormal growths and tissue degeneration of an epithelial character. Can it, therefore, be used where there is perverted glandular action, metastatic suppuration, etc., without a doubt?

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**ASEPSIN.**—When asepsin is taken internally it imparts a feeling of warmth, and in doses of a grain or upwards causes an appreciable rise in body temperature, quickens respiratory action, and augments renal and cutaneous functions. It is a model antiseptic, antiferment, and disinfectant. Care must be taken not to produce local poisoning when used as a dressing, because cases of poisoning have been reported.

Internally asepsin acts as a corrector and preventor of fermentation and putrefaction. Its specific indication most likely is in those cases where we have pale mucous membranes and a clean, white tongue. At least there is absence of dirtiness. In these cases there is usually atony and flatulence. If we combine asepsin, gr.  $\frac{1}{4}$  to gr.  $\frac{1}{2}$ , with soda bicarbonate, grs. 5 to 10, the asepsin being an aromatic stimulant overcomes the flatulent distension of the intestinal tract, and by its antiseptic properties overcomes septic conditions and sweetens the whole intestinal tract. The soda meets the call for an alkali. When not contra-indicated, *sp. nux* may be added with great advantage. Other remedies, as hydrastis, gentiana, pepsin, ingluvin, etc., when indicated, are very much improved in action by it.

Stomachic and intestinal dyspepsia of catarrhal forms are benefited by asepsin. It is one of the best agents to control that unpleasant rolling of gases in the bowels (*borborygmus*) so annoying to many

women. It also diminishes the formation of gas in the stomach when not contra-indicated.

Asepsin has a large field of usefulness in surgery. About all the medicines that are employed in ocular practice, except nitrate of silver, can be prepared in a solution of asepsin, gr. 1 to distilled water fluid ounce 1, and can be used with safety. As an antiseptic in general surgery, there is no known preparation which acts so kindly and yet so positively. Think of its deodorant and cleansing properties; the effects are remarkable when applied to foul cancerous growths, to remove fetor from foul, intractable scrofulous ulcers and buboes. Offensive arm-pits and feet are deodorized by it. In fetid breath caused by decayed teeth or ulcerated gums, make a solution of five grains to the ounce of water and thoroughly wash and cleanse the mouth; it will remove the odor and sweeten the breath. A solution of from one to twenty per cent. may be employed, according to the case in hand, whether a sensitive part or an abraded surface. Ointments and liquid albolin solutions of the same strength may be used in nasal treatment.

In general liquid prescriptions asepsin is a very necessary ingredient. Combined with resinous alcoholic preparations, such as podophyllum, macrotys, etc., it makes a better looking mixture, keeps better, and renders some remedies more efficient. This is especially true of macrotys in rheumatism, the asepsin, like all methyl salicylates, undoubtedly possessing antirheumatic qualities. It must be remembered, however, that asepsin, on account of its strong alkalinity, should not be added to solutions containing a considerable amount of toxic alkaloids, as belladonna, aconite, gelsemium, etc., lest by precipitation of these bases the patient's life be endangered by getting too large a dose of the deposited alkaloids when the last doses of medicine are taken from the glass or bottle. Five to ten grains of asepsin to distilled water one quart, is of sufficient strength to preserve ordinary prescriptions until used, depending of course upon the season of the year and the temperature of the room in which it is kept, etc.

Its use in obstetrical practice and in gynecological work has a wide field of application, and is agreeable to both physician and patient. In gonorrhea of the male or female, one-half grain to distilled water four ounces, or liquid albolin the same quantity, has been very useful as an injection. Here we may add hamamelis or hydrastis as indicated. One fluid ounce distilled water containing five to ten grains makes an elegant dressing for burns, scalds, cuts, abrasions, lacerations, and contusions. It relieves pain and promotes healing with comparatively a small amount of cicatrization.

Asepsin soap as a cleansing and deodorant agent without harmful effects, in the practice of obstetrics, is superior to all others I have ever used. In rhus poisoning a stiff lather applied and allowed to

dry has been soothing to the patient, relief immediately accompanying its application.

Asepsin ointment, if we use ointments, is a very pleasant application to any itching surface. That itching of the extremities which is often a cause of wakefulness, restlessness, irritableness, and peevishness, is relieved by an application of asepsin grs. five to twenty to petroleum one ounce, before retiring, and thoroughly rubbed in.

Asepsin is extensively used in the treatment of catarrhal disorders of the nose, naso-pharynx, etc. It may be used as above mentioned or in combination with other agents. It has an agreeable odor, and is particularly adapted to ozena. Here its stimulating effects, agreeable odor, and cleansing power make it particularly desirable. When used in hay fever, cocain hydrochlorate is often added to the ointment. It makes an excellent application to sore nipples when mixed with egg albumen.

Asepsin has a wide field of usefulness, and it would be wrong to burden this audience with any more extensive details as to its use, but I do want to again call attention to its specific indications in detail, namely: fermentation and putrefaction; pale tongue or dusky discoloration of throat and tongue: fermentative dyspepsia with atony, flatulence, and colicky pains; abdominal tympanites; borborismus; prune juice evacuations; feeble capillary circulation, with tenderness, to breaking down of tissues; rhus poisoning; ulcerations, etc.; a general antiseptic for surgical, gynecological, and obstetrical manipulations.

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#### APPENDICITIS.\*

By J. V. Winans, M. D., Madison, O.

**I**T is not the intention of your speaker to present this subject from the standpoint of the experienced surgeon, located in an operating room with fine light, aseptic surroundings, a corps of nurses and assistants, sterilized dressings and instruments, multitudes of restoratives in case of excessive anesthesia—in fact every means at his command which experience could demand and money provide; but from the point of view of the practitioner, him who first comes in contact with the sick, who has the responsibility of making an early and positive diagnosis, who is perhaps removed miles from a surgeon and hospital, and unless he is a consultant does not number his cases by the score each year.

Perhaps no disease has been written about or discussed more generally in the past fifteen years than the subject of this paper. The fact that so many remedies have been proposed and such differences of opinion expressed in regard to the proper technique of the operation for its relief, demonstrates that there are yet questions for discussion.

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\* Read before the North-Eastern Ohio Eclectic Medical Association. June 9, 1904.

Again: The etiology, pathology, diagnosis, symptomatology, prognosis and treatment having been investigated and demonstrated since the graduation of so many of our society, it is fitting that we devote a few minutes to an exchange of ideas, as every practitioner of even a short experience must have some pronounced idea of its management, and doubtless can look back with some regret to some particular case and think "what might have been" had he proceeded upon other lines of treatment.

Appendicitis is an inflammation of the vermiform appendix, frequently complicated with ulceration and perforation. It is unnecessary to refer to the minute anatomy of the appendix, excepting to state that it is a "glandular organ presenting a certain analogy to the tonsils, and liable as well to follicular, mucous, submucous, infectious, exudative, and ulcerative disorders."

I believe that all authorities at the present time agree as to the microbic cause of appendicitis, and that the idea that it is caused by some foreign body, as a grape or raisin seed, is unfounded. Gallaut, who examined two hundred cases of appendicitis for strawberry seeds, found one, while Ribbert found ten per cent. and Affleck 44 per cent. of specimens of the vermiform appendix to contain fecal concretions.

Deaver claims that fecal matter is introduced into the lumen of the appendix by contractions of the cæcum. The expulsive force of the appendix is not sufficient to expel it and hence it remains to irritate the mucous layer, at first merely by its presence. The slight muscular movements of the appendix tend to mould the mass into a round or oblong shape. The mass is augmented by the natural secretions of mucous membrane of the appendix and by further accessions of fecal matter from the cæcum. Gradually the concretion increases in size until it irritates by causing pressure against the walls of the organ. This is followed by a decided erosion of the mucous membranes and this by an invasion of the micro-organisms which are always present in fecal matter. While Pilliet claims fecal concretions are not formed from the feces and contain no food remnants but are derived from the mucous secretions of Lieberkuhn's glands.

The inflammatory process is invariably started by the bacillus coli communis, often associated with staphylococcus and streptococcus, as well as other organisms.

At 9 A. M. Saturday, June 29, 1903, I was called to attend a man aged 26, who had always exhibited vigorous health. Upon entering his room my attention was attracted by a terrible odor. As he claimed to have tonsillitis, I was suspicious of diphtheria. Upon examination of the throat I found him to be correct, and the right tonsil a mass nearly filling the pharynx. I incised the tonsil, which was filled with foul pus. He was immediately relieved of all suffering, and in the afternoon was about the house conversing with friends. He did not wish to spit out such offensive material in the presence of his friends, consequently swallowed it. Sunday morning he was attacked

with severe pain in the abdomen, with every symptom of appendicitis. There can be no doubt of the correctness of the diagnosis, as the case was subsequently operated upon. If this was not of microbic origin it was certainly quite a coincidence. Thus appendicitis has fallen into line with all other diseases, and depends upon a germ for its origination and existence.

Albert Vanderveer gives the following classification: Catarrhal, simple catarrhal, obliterating or relapsing appendicitis, suppurative appendicitis, and perforative, acute, or gangrenous appendicitis.

*Symptoms.*—As the success or failure of the treatment of appendicitis is dependent upon its early diagnosis, it is imperative that the physician examine carefully every patient to whom he is called or consulted, complaining of pain in the abdomen. The pain usually begins suddenly at or near McBurney's point, one and one-half inches toward the umbilicus from the anterior superior spine of the ilium. It is colicky in character, and soon radiates to other parts of the abdomen and to other organs. In fact, in a few hours after the onset of the disease the pain is very deceptive and may mislead the diagnostician. The pain in many cases is referred to the umbilical region, and is diffused over the whole abdomen. The nerve supply of the appendix being from the superior mesenteric plexus, which also supplies the small intestines, pancreas, and part of the large intestine, readily accounts for the general character of the pain. Price and Shrady refer to the uncertainty of the pain being confined to one particular region.

A short time since a neighboring physician who has an enviable reputation for ability and a careful diagnostician, was called to attend a young man who previously had never complained of sickness or used any drugs. While working in the hay field he was suddenly attacked with violent pain in the left lumbar and left inguinal region. The physician recognized peritonitis immediately, but was unable to account for it. The patient gradually became worse and died the following day. The autopsy—by courtesy of the physician I was present—revealed a general peritonitis, a ruptured appendix and a fecal concretion in the abdomen. I take the liberty to use this case to illustrate the deceptive character of the pain and that its location in some distant part of the abdomen does not preclude the possibility of appendicitis.

The chill which generally precedes an inflammation and consequent rise of temperature, is generally slight or even unnoticed in this disease. Several times I have been unable to learn of any chill or even chilly sensations. The temperature varies and bears but little relation to the severity or danger. One affected with appendicitis, with a temperature of 100°, may be in more danger as to life than another with a temperature of 102°. The pulse is accelerated and often not in proportion to the temperature, but bears a direct relation to the prognosis. The tenderness of the abdomen is marked. The location of pain on pressure is at McBurney's point, and radiates in the direc-



tion depending upon the course of the appeddix. Nausea and vomiting are present in nearly all cases. The tongue, excepting dryness, gives us no indication of the dangerous disease until the second or third day. The thirst is usually intense and not in proportion to the temperature.

Rigidity of the right abdominal wall is looked upon as an important diagnostic symptom. This "arises from the fact that those muscles receive their nerve supply from the seven lower intercostals, while the superior mesenteric plexus gets its contribution from the spinal system through the splanchnic, derived from the same intercostals." Diarrhea and constipation may alternate and are of but little diagnostic value.

These are the symptoms of a catarrhal appendicitis. Should perforation or gangrene develop, symptoms of shock appear, the pulse becomes very rapid and weak, the nose cold and pinched, expression anxious, abdomen distended, pain in abdomen increases as peritoneum becomes involved, profuse perspiration on face and neck, thirst becomes intense, vomiting severe, often unable to retain even water, urine may be retained.

By a careful study of the symptomatology of this subject I believe no physician will have much difficulty to diagnosticate appendicitis from intestinal obstruction, movable kidney, biliary concretions and the resultant diseases, malignant growths in right side of abdomen, typhlitis, and extra-uterine pregnancy. Disease of right ovary is easily mistaken for appendicitis, and vice versa, but the temperature and pulse, history of menstrual disorders, and generally a lower location of tenderness and pain will usually make the diagnosis clear. The two often co-exist. One year ago a patient of mine with a diseased right ovary presented, on operation, an appendix with nine fecal concretions, which, needless to say, was removed at the same operation. I am not sure that the appendix was giving her any trouble at the time of its removal, but it certainly is not now.

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#### CONGENITAL ARREST OF DEVELOPMENT IN THE INTESTINAL TRACT.

By A. J. Crance, M. D., Pasadena, Cal.

MRS. N., aged 32, married 11 years, primipara, was delivered at Pasadena Hospital June 20, 1904, 12:30 p. m. of a male child, weight six pounds, at eighth month of gestation. Infant died July 1st at 8:30 p. m., living eleven days and eight hours. Viability at birth below average, marked cyanosis, especially of extremities, lasting twelve hours. No marks or imperfections on the surface or at orifices of the body.

June 21st, at two a. m., or fourteen hours after birth, began vomiting hot water, which had previously been given to it; made ineffectual attempts at nursing; urine expelled; vomiting continued at

intervals, which assumed a yellowish caste; no action from bowels; slept well during the night, Beginning the second twenty-four hours of its existence, yellow vomit still persisting, the material ejected irritating the skin of the face when coming in contact. Urine normal; no action from bowels; soap suppository introduced into rectum without result; gave small quantity of bismuth subnitrate; rested fairly well during night.

Third day, vomiting continued at intervals of two or three hours, with marked retchings in addition; all fluids given by mouth coming up; child tried nursing, milk massaged into its mouth; the bowels flushed with normal salt solution, result being some flakes of meconium mixed with mucus and streaked with blood returned; gave castor oil, which subsequently was vomited. In the evening of this the third day since birth, high enema was administered through catheter with result of washing away fair amount of meconium. Stomach was lavaged, water returning yellow in color with sour odor. One-tenth grain of calomel was given; slept fairly well during night, with vomiting every two or three hours.

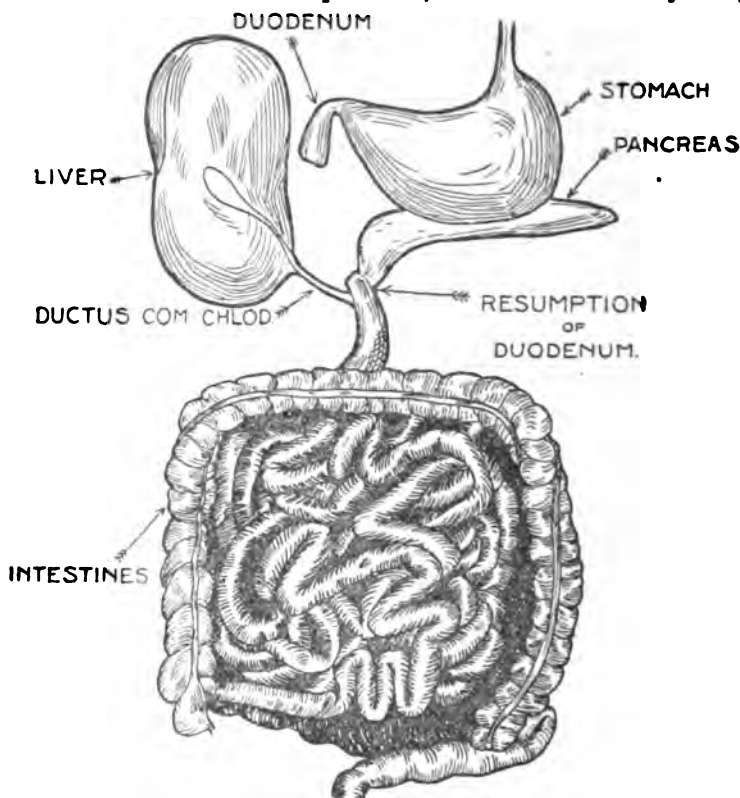
Fourth day, stomach features as on previous days; urine voided; bowels expelled some more meconium after flushing. Substituted modified cow's milk instead of mother's; results no better as far as retaining it; then Eskay's food was resorted to with no better result, vomiting after each feeding no matter how limited the quantity given. Stomach again lavaged, bringing away more yellow fluid.

Without going into details relative to each subsequent day during the child's life, I will say, the vomiting persisted until the end; the last two days of its existence the ejected matter from the stomach assumed a dark brown color. The flushings from the bowels at this time brought away mucus tinged with blood. At no time was there any evidence of food waste in passages, all of which is not surprising in view of post mortem developments, which of course at this time was not known. At times during its life the child would give utterance to a sharp cry, then relapse into quietness; but no tossing or rolling of head or eyes was present as occurs in meningeal troubles.

The only discomfort manifested was just previous to its emptying the stomach; also distress invariably occurred, followed or accompanied by vomiting, whenever the enemas were being given. As might be expected, acute inanition supervened, the child subsisting on the tissues of its own body, together with a limited absorption from feedings given and the applications of oil bathings twice daily.

Twenty-four hours after death a post-mortem was performed, with the result of demonstrating an anomalous and rare condition of arrested development in the intestinal tract. Whilst nature not infrequently produces anomalies in the shape of imperforations, of growth, volume, form, color, openings, union and also displacements of organs, numerical diminution or augmentation of, together with monstrosities and hermaphroditism, it is indeed seldom that a disconnected alimen-

tary canal is met with, and so far as I have been able to determine, authorities are silent. The gastro-intestinal tract in this instance presents that of a double blind tube, one opening being the mouth, the other the anus; the blind extremity in both cases being where nature failed to connect at duodenum. The stomach was enormously dilated and thin walled, its capacity nearly four fluid ounces; a constriction between stomach and duodenum masked location of pylorus. The duodenum was a scant inch and a half in length, ballooning in form of sphere with capacity of one-half fluid ounce. Nature leaves off here, and next we find continuation of the duodenum beginning at head of and attached to the pancreas; the sealed extremity being



oval in shape without any abnormality in its diameter. About the junction of duodenum with pancreas the ductus communis choledochus enters the gut; beyond, the continuation of the intestinal canal to anal outlet is normal, as well as all other organs of the body. The features of stomach dilatation and duodenum no doubt were occasioned in great measure by mechanical process during the eleven days and over of infant's life, from accumulated feedings at intervals of stomach repose from vomiting. To have formed a correct diagnosis ante mortem was an impossibility, but that some obstruction existed was presumable, owing to the absence of milk in the passages.

## EXAMINATION QUESTIONS.

Kansas Board of Examination, April 11, 1904.

## ANATOMY.

1. Name and locate the important arteries of the hand.
2. Beneath what points on the anterior surface of the chest walls are located the valves of the heart?
3. Name and describe the salivary glands
4. Name and locate the ventricles of the brain.
5. Give the nerve supply of the diaphragm.
6. Give the number and names of the spinal nerves.
7. Describe the tunica vaginalis.
8. Name the cardiac nerves.
9. Name all the muscles attached to the scapulæ.
10. Give the coverings of an oblique inguinal hernia.

## CHEMISTRY.

1. Which system of weights and measures is employed in chemistry? Give the subdivisions of a meter. How much is one liter?
2. What is magnetic induction?
3. What are physical, what chemical, changes?
4. What is analysis, and synthesis? How can they be applied to water?
5. What is the hydrogen compound of bromine?
6. What is the treatment for arsenical poisoning?
7. How does CO<sub>2</sub> act as a poison?
8. How does the pancreatic ferment act on the fats?
9. Trommer's test for sugar—how is it performed?
10. Is glucose present in the urine in normal conditions, and in which disease is its presence abnormally great?

## OBSTETRICS AND GYNECOLOGY.

1. Describe the placenta and umbilical cord.
2. Is the induction of premature labor ever justifiable. If so, for what reason?
3. What are the signs of fetal death in utero?
4. What procedure would you employ in case the fetal head failed to engage?
5. Describe the different methods of producing version.
6. Describe Sims' position.
7. Give the symptoms and treatment of an ovarian cyst.
8. How would you repair (a) a lacerated cervix, (b) perineum?
9. What is (a) cystocele, (b) rectocele, and how should they be treated?
10. Define menorrhagia and dysmenorrhea, with treatment of each.

## PATHOLOGY.

1. Give the pathologic changes that take place in the third week of typhoid fever.
2. Give the pathology of locomotor ataxia.
3. Give the morbid anatomy of acute yellow atrophy of the liver.
4. Give the morbid anatomy of angina pectoris.
5. Give the morbid anatomy of acute dysentery.
6. Give the morbid changes taking place in acute œdema of the glottis
7. Describe the pathological changes of emphysema pulmonum.
8. Give morbid anatomy of variola.
9. Give in detail the morbid anatomy of gonorrheal endo-metritis.
10. Give the pathology of a large white kidney.

## BACTERIOLOGY.

1. What is a micro-organism?
2. How do bacteria increase?
3. What microbes are found in abscesses?
4. Name the bacillus of diphtheria.

5. Name the bacillus of typhoid fever.
6. Name the bacillus of phthisis.
7. Name the bacillus of gonorrhea.
8. What diagnostic point can be determined by microscopic examination of urine?
9. Define asepsis.
10. Name five antiseptics.

## PHYSIOLOGY.

1. Compare the corpuscles of blood as to quantity, size, composition, function in disease and health.
2. What is metabolism?
3. What is the proportionate distribution of blood?
4. Of what does the nervous system consist? Describe efferent and afferent fibers.
5. Describe the cardiac cycle. How many sounds are produced?
6. Name the juices of the alimentary canal. Give one property of each.
7. How are waste products eliminated? What does each structure eliminate? Name the most important organ or structure.
8. Describe the process of menstruation.
9. Give the source and distribution of bodily heat.
10. Name some automatic actions of the spinal cord and show how maintained.

## SURGERY.

1. What is housemaid's knee, and how would you treat a case?
2. Describe in detail the management of a fracture of the upper third of the femur.
3. Give detailed treatment of a case of compound comminuted fracture of the ulna and radius.
4. Diagnose and treat a case of necrosis of the femur of one year's standing.
5. Detail the management of a case of burning by fire to the third degree, covering ten per cent of the body.
6. Describe each of the dislocations of the hip.
7. What is hernia and where may it occur? Give nomenclature, also treatment, in each variety.
8. What are the diagnostic indications of appendicitis, and how would you manage a case?
9. Differentiate in diagnosis and treatment a case of chancroid from one of true chancre.
10. What indications would call for an operation for trephining?

## MATERIA MEDICA—ECLECTIC.

1. What do you understand by the terms specific medicines, specific medication, specific diagnosis?
2. What are the specific indications for the use of acids, alkalies, sp. tr. aconite, sp. tr. apis, sp. tr. asclepias, apomorphia, sp. tr. belladonna, sp. tr. cactus, sp. tr. chionanthus, sp. tr. dioscorea, sp. tr. collinsonia?
3. Give the habitat, describe the root, stem, leaf, flower, and fruit of podophyllum.
4. State time and mode of gathering podophyllum, manipulation required to obtain its therapeutic properties; also uses.
5. Name the drug plants that are indigenous to Kansas.
6. Name the drugs which enter into the composition of antibilious physic, of comp. syrup partridge berry.
7. Name the antidotes for aconite, opium, arsenic and strychnine.
8. State the average adult dose of bismuth, sp. tr. nux vomica, sp. tr. ignatia, sp. tr. aconite, sp. tr. ipecac, sp. tr. lobelia.
9. What are the uses of muriate of cocaine, and what are its counter-indications?
10. What are the chief parasitocides? Name the parasite to be destroyed by each drug.

## THEORY AND PRACTICE—ECLECTIC.

1. Describe and treat a case of cholera infantum.
2. What is specific medication?
3. What is meant by excess, defect, and perversion? What are their effects on health?
4. Name four remedies that act specifically on the respiratory organs, digestive organs, urinary organs, and reproductive organs.
5. Give the special indications for apocynum, eryngium, phytolacca, nux vomica, viburnum, and ergot.
6. Name five remedies used in sepsis.
7. Do you recommend the use of poultices? If so, why?
8. Name the remedies usually indicated in typhoid fever, in scarlet fever.
9. How are remedies best prescribed? Why?
10. Treat a case of constitutional syphilis.

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## EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

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**ATROPHIC PHARYNGITIS.**

*Synonyms.*—Dry pharyngitis: pharyngitis sicca.

This condition is the result of inflammatory processes, the changes being more or less permanent.

*Etiology.*—The causes which lead to an atrophic pharyngitis are varied, but the morbid change which is produced is practically the same in all cases. Any exciting cause producing a chronic inflammation, as local irritants, and under this may be classed occupation irritation where dust or irritating vapors are constantly inhaled. The implication of the pharynx, through extension of inflammatory action from contiguous structures, which causes first a thickening of the submucosa, followed by contraction.

The contraction of inflammatory organized tissue affects the glands of the mucous membrane, changing the secretion, or the glands may even be destroyed. The secretion which is present is so changed that it is a source of irritation.

Systemic disturbances interfering with the circulatory system, especially where venous stasis results, may be a cause of atrophic degeneration. In these cases the general appearance of the membrane varies somewhat from that resulting from inflammatory atrophy, but the results are practically the same.

Some nerve lesion, the cause of which is difficult to trace, may also cause atrophy with similar results to those found following inflammatory processes.

A dry pharyngitis, not atrophic, is often seen, which is the result of some systemic condition changing the general nutrition and causing solidification of the glandular secretion. In this form of pharyngitis the secretion from the pharyngeal glands adheres to the mucous surface, and gives a glazed or varnished appearance to the mucous

membrane. These cases are not true atrophic, but the result of perverted secretion. It is found in diabetes mellitus, as well as in some forms of stomach and intestinal wrongs.

The claim is made by some that atrophic pharyngitis is the result of atrophic rhinitis, but it is more likely that both are caused by the same factor. In some cases extension through continuity of tissue may occur, but they are probably the exception. Impeded nasal respiration is undoubtedly an important causative factor in producing some types of dry pharyngitis, as mouth breathers, as a rule, are afflicted with this condition, atrophic changes eventually resulting.

*Pathology.*—In the simple dry form, where the secretion simply dries and hardens on the pharyngeal surface, morbid changes in the membrane are very slight. The changed secretion may, through constant irritation, cause a chronic inflammation, which will eventually lead to contraction of the inflammatory tissue, producing a true atrophic process. This necessarily produces changes in the vascular supply, and through pressure, changes or destroys the secreting action of the mucous glands.

The morbid changes resulting from vascular wrongs, as often found in heart, lung, liver, kidney, or alimentary diseases, are due to lack of nutrition, as well as pressure on the perivascular structure by the over dilation of the bloodvessels, the glands also being affected. If this pressure continues for some time, pressure atrophy may follow, although occasionally slight inflammatory changes may have occurred early. The result is permanent, as in the true inflammatory type.

*Symptoms.*—The most pronounced symptoms are the burning, itching sensation and annoying dryness. As a result of this dryness it is difficult to swallow solids without first moistening the mucous surfaces. A sensation of stiffness and rigidity of the throat is present. In some cases the secretions will be so dry and firm that a grating sound can be heard when a probe or the end of a tongue depressor is passed over it.

The character of the secretion varies according to the degree of change and its cause. In the simple form, where the submucous tissue is little affected, the membrane is thin, translucent and smooth. As the pathologic changes increase in the submucosa and glands the secretion becomes thicker, is irregularly massed, and is of a brown or green color. There is the sensation of a foreign body in the throat, which aids in increasing the hacking cough.

The nasal cavities often, and the naso pharynx nearly always, present a similar condition, and the Eustachian tubes are usually affected.

In the early stage of atrophy, or in the simple dry type, the removal of the secretion will leave the mucous membrane reddened and extremely sensitive. Later, when there is crust formation, their removal will leave the surface with irregularly colored patches, some having an inflamed appearance, and some being pale and colorless. The membrane appears thinner than usual, excepting in those cases of

atrophy due to venous stasis and pressure atrophy. In this class the surface is more nodular, the bloodvessels appear to be more on the surface, and, excepting in the latter stages, there is not the tendency for the secretion to form in masses. The breath is usually offensive.

*Diagnosis.*—Easy, as a simple inspection of the pharynx will reveal the condition.

*Prognosis.*—Favorable in all forms in the early stages. Unfavorable after permanent atrophic changes have occurred.

*Treatment.*—After the contraction of the mucosa has advanced to such an extent as to destroy the glandular elements of the tissues, only palliative measures will be of use. Prior to this, however, a partial or complete cure can be obtained. The condition of the nasal and post-nasal tissues must also be considered in these cases.

*Local Treatment.*—This has but little effect, only as it removes a source of irritation by the removal of the tenacious or dried secretions. This secretion can be removed in many cases by the use of an alkaline wash. Sometimes the use of pledgets of cotton on a curved probe will be necessary. The salicylic acid wash has been found to be one of the best local applications in these cases, as it has the property of stimulating glandular activity. Irritating measures are to be avoided.

The same general line of treatment should be followed as in atrophic naso-pharyngitis.

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## THE ABUSED NOSE.

In acute catarrhal inflammation, there is usually such an excessive amount of secretion as to be a source of annoyance to the patient, and also the patient an annoyance to those associated with the victim, and for the relief of this excessive secretion various local measures have been advocated and used.

The use of powders and solutions, which violently constrict the relaxed tissues, is a practice to be condemned. Such means are not curative, and the idea that such treatment will do no harm is erroneous. Powders will usually, if not always, prove to be irritants. Some of the powder is liable to form crusts, or a nidus for a crust formation, on the already hypersensitive nasal mucous membrane, and in the patient's efforts at removal of the irritating mass, or masses, an erosion of the surface is quite likely to occur. This abrasion may be the nucleus of an ulcerative process, eventually leading to perforation of the septum.

Solutions are free from these objections, but the nasal tissues are not intended for douching, washing or spraying in the indiscriminate manner advocated by so many. Any one studying the character of the nasal mucous membrane will, or should, appreciate this fact. That there are conditions requiring such measures for the removal of closely adherent secretion is granted, but in the interest of the much abused nose, this word of warning may not be out of place.



Now, for the relief of these cases of coryza, I have found that practically two drugs will nearly always give relief rapidly, if properly administered.

When the discharge is thin, watery and non excoriating, dist. hamamelis 3j-ij in water, ʒiv, teaspoonful every hour, will soon give relief.

When the discharge is thin, watery and excoriating, liq. potassii arsenitis, gtt xv-xv to water ʒiv, given the same as the hamamelis, will prove effectual in a short time.

Now, as regards the meaning of "soon" or "short" in these cases, twenty-four hours is meant. It is not claimed that a cure is effected in this time, but that the active annoyance has disappeared. Other remedies may be combined with either of these, and usually I add sp. phytolacca ʒss to either of the remedies. This drug is most frequently indicated on account of its action on glandular structures, but the active agents for relieving the thin, watery discharge are either the hamamelis or Fowler's solution.

### III-Effects of Too Early Use of the Eyes for Reading.

The effort to focus the eye for small objects near at hand is greater than that in later life; not being accustomed to reading, the child can't comprehend a word, line or sentence at a glance, but must need study each letter. The frequently eager brain of the child, and the attractive, exciting kind of literature produced for the young, often induce the child to spend time reading that would be better occupied in healthful outdoor exercise. The author closes by saying: Everything else being equal, I would prevent the child from learning to read until he was at least eight years of age; I would allow no reading outside of school hours until the age of 11, and would then select his reading, so that what he read would do him some good. There are plenty of books nowadays dealing in facts with nature and with history which are quite as interesting as story books, and are vastly more profitable reading.—C. J. SWAN, M. D., *Jour. of F. E. and Th. Diseases*.

### Iodine Locally to Corneal Ulcerations.

The author has treated over 200 phlyctenular and traumatic cases, but his experience has led him to the conclusion that it is especially adapted to indolent ulcers. It lessens rather than increases scar tissue. He prefers the official tincture. A stop speculum is used; the cornea thoroughly anesthetized; the ulcer curetted, well dried and touched with iodine thoroughly, yet with care that no other spot is reached by any iodine. The eye is then washed out with sterile water or boric acid solution, and treated as a recent traumatism.

A patient aged 19 years; phlyctenular corneal ulcer, 2 mm. in diameter and 3 mm. from limbus, involving half the thickness of the cor.

nea. Cauterized under cocaine, washed with boric-acid solution and atropin instilled. Ordered to bed in dark room with boric acid solution and atropin locally. The inflammation subsided in five days, but recurred a couple of days later. Cauterized again and cocaine substituted for the atropin with heat every three hours. Immediate improvement, and by the end of the fourth day the ulcer was but 1 mm. in diameter. It soon relapsed to the former condition, greatly aggravated, and sloughing of the initial sore was greatly evidenced. After many vain attempts to arrest the trouble, iodine was determined upon and applied as above, by means of a few fibres of absorbent cotton tightly twisted on a probe, the excess having been wiped off with a piece of cotton. The eye was washed with saturated solution of boric acid, and the patient put to bed. At the end of twenty-four hours the ulcer had completely healed.—J. LAWTON HIEBS, *Phila. Med. Jour.*

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#### Characteristics of Ocular Headaches.

The following conclusions have been tabulated as to the results of eye-strain induced by civilization :

1. Forty per cent. of all chronic headaches, and 80 per cent. of all frontal headaches are partly or wholly of ocular origin.
  2. Their site, in order of frequency, is (a) supra-orbital, (b) deep orbital, (c) fronto-occipital, (d) temporal, or (e) a combination of these.
  3. Near work is their chief exciting cause.
  4. Shopping, theater and church going, as well as riding in street cars and railway trains, often induce it.
  5. The letters and lines in reading and notes in music blur, run together and get "mixed up."
  6. The patient with ocular headache is generally astigmatic or farsighted, or has some weakness of his ocular muscles.
  7. Patients with ocular headaches often complain of lachrymation, photophobia, foreign body sensations, specks floating before the eyes, itching and burning of the lids, redness of the eyes, etc.
  8. The signs of eye-strain above mentioned may be present and the headaches of ocular origin, although the vision is normal, and there is no manifest astigmatism. The patient in such a case overcomes his hypermetropia or astigmatism by continuous muscular effort.
  9. About 10 per cent. of all ocular headaches are incurable, and some of these are hereditary.—*Med. Rev. of. Rev.*
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#### A Study of Nystagmus.

In unilateral cases, of which few are seen, the movement is nearly always vertical, never rotary or oblique. All nystagmus ceases during sleep. Slight associated movements have been at times observed of the head, of the upper lid, and even parts of the pharynx and larynx—these latter with lateral nystagmus indicates (according to

Gower) cerebellar tumor. It has long been known that the oculomotor centres are acted upon by the equilibrical centres; pressure on the semi-circular canals producing nystagmus, usually lateral. Nystagmus has been found associated with morbid affections of the corpus striatum, corpora testiforma and corpora quadrigemina, the fourth ventricle and the cerebellum. It is nearly always found in disseminated sclerosis, and in most cases of Friedreich's disease; is very rare in locomotor ataxia and other diseases attended by tremor.

It is never present in paralysis agitans; is occasionally present in muscular atrophy and multiple neuritis; is often found in syringomyelia and primary lateral sclerosis, and less frequently in the latter stage of severe uremic poisoning and in marked anæmic conditions.

In diagnosis nystagmus is of great significance, because it shows the presence of more than functional disturbance. A search for it should never be omitted, and should always include upward movements of the eye.—F. S. CROCKER, *Jour. of E. E. and Th. Diseases*.

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## PERISCOPE.

### TWENTIETH CENTURY PROFESSORS.

The musical query that delighted the audience of the extravaganza of "1492"—"After the Fair is Over, What Will Chicago Do?" seems finally to have been answered by the recrudescence and production of a crop of "Specialists" and "Professors," that appears to be blessed with more than pernicious activity. This, from an ethical standpoint, is bad enough, though when one reformer advocates the cult of a single meal a day, with a cloistered life behind closed doors, while another extols the fad of outdoor exercise, with frequent but reduced amounts of food, it does little harm, as the extremes, in these cases, seldom meet across the barriers of the exigencies of an active business career.

But when a man well known and highly esteemed, who might popularly be supposed, by the laity, to be an authority in a learned profession, announces to the world, from the Auditorium at Chicago, that cleanliness is sitting at the right hand of disease rather than next to Godliness, and that it is not injurious (despite the traditional gilded youths of the Roman captives—the *jeunesse doree* of the triumphant processions of Nero) to choke the pores of the skin with dirt and sudorific accumulations, it is time to cry a halt.

The gospel, according to this latter day prophet, is explicit, if it is nothing else. "When people leave off bathing there will be little or nothing for the doctors to do. Pneumonia, colds, and a hundred other ills, result from the foolish habit of washing the body. To bathe is to be dirty, for you thereby make a sewer of the skin. Blood attracted by the skin gives up products that should be left to seek a natural outlet, and soils the skin." Later on, he goes farther afield, and after

saying that the theory that the closing of the pores of the skin would result in death is false, denounces in no measured terms the habit of taking what he terms "dry baths." For he says, "the rubbing of a rough towel over the skin removes the natural scales from the 'false skin,' and conduces to the growth of bacteria on the skin."

All this will doubtless seem attractive to certain classes in any community. As a nation, we are to a degree still young as to the importance of constant ablutions; a sense of which has been carried to such an extent by our English cousins—and we are now only beginning to emerge from the Saturday night tub epoch, and becoming habituated to the daily bath habit. Weary Willie and Plodding Pete have not yet included folding bath tubs in their traveling impedimenta, and will welcome converts to their fixed habits, while the schoolboy will be at last induced to believe that he has found something seductive in modern science.

The worst of it, too, is the singularly opportune time that the "professor" of these heresies has taken to profess. Many a scheme that would have failed on account of its folly, has been aided and has acquired headway from some fortuitous outside circumstance, and the cold weather that has been so prevalent of late, only adds to the ease with which a bath is dispensed with. Had this man only launched his crusade in the hot summer months, when cold water was a necessity and not a luxury, the raucous echoes of his diatribe would hardly have reverberated beyond the walls of the Auditorium.

As to the facts from which he draws his deductions, and the statistics from which he reaches his conclusions, they all depend on a single Eskimo, who was deported from Greenland, and after being washed died of pneumonia at Boston. One case, however, is hardly enough to prove the habits of the civilized world at fault, even to the satisfaction of a Chicago jury, and there is no more reason to believe that one Eskimo will constitute a winter any more than that one swallow will make a summer. Anyone, moreover, who has seen a Greenlander in his native habitat, can easily understand that the removal of his grease stained, oil-impregnated, blubber-saturated epidermis would leave him in a condition to acquire any form of sudden death that might be lurking in his immediate neighborhood. Even here, however, we are inclined to attribute his death more to a change in his raiment than to the unaccustomed effects of soap and water. Several years ago a band of Sioux chiefs, that had come on a mission to Washington, were allowed, in exchange for some lands, to choose whatever was nearest to their aboriginal desires. They promptly selected a sectional wooden house, a cylindrical stove, broadcloth clothes, silk hats and hob-nailed shoes. On their return the house was built, the fire was started, and for several days the air was redolent of burnt leather and singed woolen, in combination with goat-like and other Indian smells. Finally hunger became imperative, and they were forced out of doors in search of game. The clothes,

however, with the hats and shoes, were left by the fire, and the braves took to the trail in the scandalous costume of the Greek slave—modesty only being assuaged by the habitual breech-clout and the customary feather. That they all died from pneumonia is true, but there was no record of any concomitant cause of death from bathing, and there is no more cause to attribute it as one in the case of the Ice-lander.

As Balzac remarked, there is nothing in the world which resembles a pussy cat so much as another pussy cat; so there is nothing in the world of animate creation that is as dirty as a dirty Indian, unless it is another filthy savage, or a *clean* Eskimo. Nevertheless, Indians do use baths in sickness, but as they resume the coverings to which they are accustomed, the deaths can usually be attributed to the disease for which they took the baths, rather than to the baths themselves. An Eskimo's clothes are not only fearfully and wonderfully made, but are alive with interest—and other things. They are fashioned from incompletely cured skins, are very heavy, and like the mink coat of Ceta-wayo, are "possessed of a very fine odor when wet." Deprive a native of these, and then turn him loose to the east wind of Boston, and the result will be fairly certain, no matter whether "he is to bathe in fiery floods, or to reside in thrilling regions of thick-ribbed ice."

With regard to the "Professor," take him all in all—his published reports and his utterances—we presume that he is a medical man, but we most sincerely trust that we shall not see his like again. In the first place, we do not believe that he practices what he preaches, but rather that his sole desire is to bathe in the turbid waves of the notoriety that his statements have evoked, and that he seeks merely to apply the golden ointment, derived from his advertising, to the itching palms of his medicinally dirty, and ethically unwashed hands.

The birth rate of Chicago is large, and more than one fool is born in every hour. Wisdom, too, is not confined to babes and sucklings, and this enterprising "specialist-surgeon" doubtless sees a large and extending clientele among the credulous and ignorant masses of the community.—*Medical News*.

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#### SENECIO AUREUS.

Senecio is a remedy of marked therapeutic power, and its properties are so varied that it constitutes a remedial agent of a considerable value in a wide range of pathological conditions. In the various affections peculiar to females it has long been highly esteemed. Its emmenagogue property seems especially adapted to the treatment of amenorrhea, and in dysmenorrhea, when administered throughout the intermenstrual period, its tonic influence upon the uterus has caused it to be regarded as a favorite medicament. It invigorates the sexual system, and thus favors functional activity. In chlorosis it is employed with much success, and in dropsical conditions its power of

exciting the glandular system to normal action is many times of the utmost value.

Senecio is emmenagogue, tonic, alterative, diaphoretic and diuretic. The most frequently seen specific indications for senecio are :

Enlargement of the uterus with uterine or cervical leucorrhœa, diseases of the reproductive organs of women, characterized by a sense of fullness, weight and dragging in the pelvis ; soreness, pain and dragging down in the region of the uterus ; suppressed menstruation ; atonic conditions of the ovaries and uterus, with impaired function ; vicarious menstruation ; defective action of the uterus ; fullness and weight in perineum, with dragging sensations in the testicles ; difficult and tardy urination in the male ; painful micturition with tenesmus ; dyspepsia attended with flatulence after meals ; excessive secretion of gastric juice with acidity and cardialgia.

The dose of specific senecio (or a good fluid extract) is 1 to 15 drops, but it is usually employed as follows : R Senecio, gtt. x to 3j, water, ʒiv ; teaspoonful every two or three hours.—J. W. Fyfe, M. D., in *Eclectic Review*.

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#### INFANCY AND TYPHOID FEVER.

A recent symposium held before the New York Academy of Medicine on this subject, brought out many interesting features regarding this affection.

Only in recent years have pædiatrists believed that children could have typhoid fever, it being almost the only affection that the text-books ruled out on the score of age alone. Now that it is clearly seen that children are but relatively immune, the more interesting questions arise as to the cause of this comparative infrequency. Breast-fed children, Ehrlich taught, were supposed to obtain some immunizing substance from the mother's milk, but the incidence of recovered typhoids of mothers is too small, and again, typhoid is apparently a disease that imparts a minor degree of immunity to future attacks, hence the mother's milk immunity theory is in need of revision or further extension. It is in the element of diminished opportunity for infection that a more rational interpretation is to be sought. Breast-fed infants naturally have very slight opportunity for infection, and for the most part the food of artificially fed children is prepared under such conditions that would preclude the dangers of infection. It is quite certain that the prepared foods of the market have this in their favor, that they are originally carefully sterilized. It is only by subsequent mismanagement that they can constitute any factor in the infection of babes.

From the New York experiences the diseases from which typhoid fever in infants is to be differentiated are pneumonia, nephritis and colitis. The pneumonias of low grade, particularly of the central variety, are particularly perplexing ; minor forms of chronic nephritis,

particularly in later stages of the disease and low grade in character, are at times difficult to diagnose and in certain varieties of colitis, insidious in their onset, mildly progressive, with abdominal tenderness and diarrhoea, the differential diagnosis is well nigh impossible—they approach some of the paratyphoid infections.

The clinical course of the disease is well recognized to be very distinct from that seen in adults. The most classical and gradual rise in temperature is lacking, and the intestines do not bear the brunt of the attack. The meninges and other nervous structures seem to be the parts most frequently affected. Skin eruptions, particularly many anomalous forms, are not uncommon, and many of the New York pædiatrists pointed out that since the introduction of the newer synthetic antipyretics the number of anomalous skin eruptions had increased. This is particularly true for the antipyrine group and its related products.

The diagnosis is extremely difficult. Cultivation of the organism from the feces by the Hiss method is helpful, but the Widal reaction offers the best diagnostic aid; barring laboratory aid the diagnosis may at times be impossible.—Editorial *Pediatrics*, April, 1903.

#### IN MENTAL REVIEW.

No three remedies in the materia medica call for closer differentiation than do belladonna, hyoscyamus and stramonium, in their mental symptoms. This is due to the fact that their points of distinction are clear cut, and because one will not suffice where another is indicated. We frequently hear it said that the difference is found in the fact that belladonna barks and bites, stramonium sees rats and things, and hyoscyamus is obscene.

If these were the only points of distinction, the painstaking prescriber would be unable to make a selection, and for the reason that any one of these symptoms may be found under any one of these remedies.

True it is that hyoscyamus is more obscene than either of the others, and also that belladonna is more violent than the other two, and stramonium possibly observes more rats, bugs, etc., than any remedy, but these are not sufficient for accurate prescribing.

If it is remembered that there is evident reason for the delirium of belladonna, and that there is none for stramonium, we are one step nearer a scientific prescription.

Belladonna is not "flighty" without congestion, while stramonium and congestion never travel together.

Congestion, then, explains the mental condition under belladonna, while stramonium has no explanation to offer.

Hyoscyamus may have temperature, as has belladonna, but with hyoscyamus the delirium travels in the opposite direction from the temperature; that is to say, high temperature, little delirium; low

temperature, much delirium; while with belladonna the delirium and the temperature travel together, and the intensity of the former is measured by the height of the latter.

Then, too, belladonna is vicious, hyoscyamus suspicious, stramonium loquacious. Belladonna is aggravated by noise and light, and has dilated pupils with flushed face (except in involvement of the alimentary tract when the face is pale and shrunken), while stramonium has dilated pupils and pale face without alimentary involvement, and the light that aggravates it must come as a reflection from a bright, shiny object (mirror or body of water). Familiarity with these points of differentiation in the mental sphere, plus a thorough knowledge of the symptoms found in the physical realm, will make it easily possible for the prescriber to select any one of these remedies accurately, scientifically, homeopathically.—L. P. CRUTCHER, M. D., *in Med. Century*.

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#### TREATMENT OF COLDS IN THE HEAD.

A. Alexander Smith, M. D. (*N. Y. State Journal of Medicine*) suggests the following methods of treatment for this common ailment.

He believes that many so-called colds are communicable, and consequently isolation may be a means of prevention.

Among those who are prone to the so called contraction of colds, both adults and children are protected against them by the pretty constant use of cod liver oil, particularly, of course, those who have a low power of resistance. Also, in those who are subject to disturbance of digestion, particularly if this depends upon some diathesis, such as lithemia, for example, the timely treatment of such diathesis will often prevent what seems to be a marked susceptibility to the development of colds. In many instances fatigue and anxiety diminish the resistance or, at least, increase the susceptibility to colds.

If the temperature is 100° or over it is best that the patient remain at home and, better still, in bed. The use of opium and quinine at night, with a cathartic in the morning, often yields good results; say five grains of quinine and 10 grains of Dover's powder or Tulley's powder, taken at night, and a hot drink and a hot mustard foot-bath. In the morning a saline cathartic or an active cathartic pill should be taken. This should be followed by a pill of quinine, two grains, three times a day. Frequently no further treatment will be necessary. The "rhinitis tablet," if taken early, will often break up a cold.

The alkaline treatment is useful especially in patients of lithæmic diathesis. This consists in administering, just as early as possible, a drachm of bicarbonate of soda in half a glass of water, and repeating the dose in one hour. The dose can be made much less disagreeable by adding a very few drops of lemon juice. If, after 24 hours, the cold does not seem to be decidedly better, this alkaline dose should be repeated.



In this class of cases the salicylates often may be prescribed with benefit. A combination of one of the coal-tar preparations, preferably of phenacetin or acetanilid in small doses, with quinine, often proves very beneficial for treating colds. These drugs are particularly useful when the skin is dry and hot, and there is unusual stuffiness in the nose, associated with muscular pains and headache. The objection to them is that while they seem to reduce the severity of the cold, they prolong convalescence if continued,

In children, the giving of small doses of tincture of aconite will often be found useful. It is easy to take, it produces mild perspiration and often acts admirably. It may be given in doses sufficiently small to allow of its repetition every hour. In those under twelve years of age it is preferable to any of the disagreeably-tasting preparations. The author does not believe in local treatment by means of sprays, although admitting that it often gives temporary relief, since such measures are too likely to cause middle-ear involvement.

In convalescence from a catarrhal cold cod liver oil is often of the greatest service; it will produce an absolute cure, and will often prevent a recurrence. For those depressed by the influence of a catarrhal cold it is one of the best of tonics. For those who find great difficulty in taking cod liver oil quinine in small doses—one grain, three times a day, or else one of the vegetable bitters or sometimes an iron and bitter tonic may be given.

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#### THE TEACHING OF THERAPEUTICS.

(Wilcox.)—The importance of an article of this kind can not be overestimated, and if it can be suggested in such articles that more attention ought to be paid to our therapeutic progress, then will its use become very apparent to all. It is known, and much talked of, that our diagnostic progress has been phenomenal compared with that made along therapeutic lines. In the course of the article the writer says: "I do not underrate the value of pathological knowledge, neither do I decri the importance of etiology or history, nor ignore the advantage of expert physical diagnosis, nor minimize the weight of trained and logical reasoning, nor deprecate the assumption of conclusion based on long continued experience; all these are necessary for a diagnosis, but logic, learning and experience are in the greatest demand, that the fullest advantage may accrue to the patient when once the diagnosis is established."

The more pressing question is, "What can we do for our patient?"

In order to evince an interest in the student for the study and observance of our materia medica, the next question naturally is, "How shall our materia medica be taught and our applied therapeutics best administered?"

Therapeutics can best be taught by clinical teaching and experimentation with the uses of all the instruments of precision.

Causes of failure in the past may be attributed to a lack of practical acquaintance with the various remedies and methods of preparation, a lack of actual knowledge of drug action acquired by personal experimentation and demonstration under the guidance of the teacher; the comparatively small experience in the application of the remedies to the relief of the sick, and the want of a logical deduction from symptomatology to the remedy. This last can only be gained by practice and conference.—*Medical News*.

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#### Appendicitis in Children.

The diagnosis of appendicitis in children is usually more difficult than in adults from the fact that one must rely largely upon objective signs and such symptoms as are obtainable from parents and nurses. J. F. ERDMANN (N. Y. Med. Journal, March 19, 1904) has seen 29 cases in children under ten years of age during the past few years and reminds the profession that the most important diagnostic points to be relied upon are pain manifested by fitful crying and sleep, abdominal tenderness and rigidity of the right lower quadrant after the first few hours have elapsed; the absence of blood and bloody mucus in the stools, elevation of the pulse and temperature, usually more pronounced in children than in adults; tumor fixed and in the classical position if the illness is of several days' duration, and at this time a temperature characteristic of pus. Almost invariably the little patients unconsciously place their hand in the region of the appendix to ward off manipulations of this area. This latter sign he thinks is almost pathognomonic of appendicitis. Pneumonia and pleurisy of the type that is ushered in with lower intercostal pain is exceptionally difficult to exclude during the first day unless distinct chest symptoms are present. Should the pulse become very rapid and the face become anxious, appendicitis can be diagnosed, while, if the breathing becomes accelerated, the face flushed, or livid, although the abdomen be tense and distended, pneumonia is to be considered. He believes that when appendicitis is once diagnosed the patient is always in danger till the organ has been removed, and hence he advises an operation in all such cases.—*Med. Progress*.

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LOBELIA INFLATA.—Dr. Edward H. Snader has found the lobelia a very useful medicine in a condition that is not always readily ameliorated. He prescribed it a number of times when the entire chest of his patient seemed upon auscultation, to be completely full of rales. In the resolving stage of pneumonia, when this feature is prominent, and much wheezing and rattling and many rales are present, the presence of some pulmonary oedema would not, by any means, contraindicate the medicine. On the contrary, this observer has found great relief from lobelia in actual cases of severe pulmonary oedema. This

state of lung, in which auscultation reveals the entire chest apparently full of rales, is one that obtains in many pulmonary complaints. We may meet it with antimonium tart, with ipecac, and other remedies, according to our prominent indications; but the addition of lobelia to our rather scanty armamentarium for this condition will doubtless be welcome.—*The American Physician*.

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THUJA IN LACHRYMATION.—Mr. J. W., aged twenty-four, of intemperate habits and bashful disposition, has been troubled since eight years with profuse lachrymation and about six smooth warts on his eyelids. The lachrymation is troublesome in the winter, in the cold air, and only in the daytime. His stomach is easily deranged by fatty food, which causes vomiting. Aversion for sweet, desire for sour food. Relishes coffee, which agrees. Before breakfast slimy mouth, sour taste. Pulsatilla, though apparently well indicated, disappointed me. At a subsequent visit I was forcibly struck by the fact that a large lake of tears remained standing in the eyes, which, according to Lippe, indicates thuya. This remedy, applied locally in the form of a glycerole, and given internally in the sixth dilution, removed not only the lachrymation, but also the warts.—*Amer. Physician*.

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#### An Infantile Conversation.

When the May baby and the June baby had got well acquainted they exchanged confidences.

"My milk comes from a certified cow," said the May baby.

"So does mine," said the June baby.

"It is milked by a man in a white suit, with sterilized hands, through absorbent cotton, and kept at a temperature of 45°."

"So is mine."

"It is brought to me in a prophylactic wagon drawn by modified horses."

"So is mine."

"Then how in thunder do you manage to be so fat and well?"

The June baby winked slyly.

"I chew old paper and the corners of the rugs, anything I can find that is dirty, and in that way I manage to maintain the bacterial balance that is essential to health," he said, chuckling.

The May baby laughed long and loud. "So do I," said he.

The mammas heard the goo gooing, but they assigned to it only the usual fantastic significance. It was just as well.—*Life*.

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### SPECIAL NOTICE.

Several letters containing currency, addressed to the JOURNAL, have been lost in the mail, and we wish again to caution our subscribers against sending currency in letters unless *registered*. It is safer to send remittances by bank draft, express order, post office order or check, as same can readily be duplicated if lost or destroyed.

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### PROF. W. B. CHURCH.

Dr. Sloan, who was elected to the chair of Didactic Surgery in the Eclectic Medical Institute last April, was unable to accept the position, and it affords us pleasure to state that the Trustees have selected William B. Church, M. D., of Michigan, for the position.

Dr. Church is a graduate of the E. M. Institute, class of 1866, has been in constant practice since, and is a surgeon of national reputation. For nearly ten years he occupied one or more important chairs in the California Medical College at San Francisco, and is an experienced teacher. He comes to this Institute with the strongest expressions of confidence and good wishes from his colleagues of that institution.

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### COMMON SENSE.

What a rare gift! Fortunate indeed is the patient who has for his physician one who mixes with his prescriptions a large amount of common sense. While a firm believer in the efficacy of medicine when specifically indicated, I do not wonder that many physicians as well as the laity, have lost faith in medicine. The young physician enters the profession with an unbounded faith in the remedies that he has had so enthusiastically lauded for certain conditions. As the years slip away, however, unless he be possessed of a large share of common sense, his faith wavers, and finally skepticism takes the place of his former confidence.

To give nux vomica or colocynth for cramps in stomach and bowels when due to an overloaded condition, is no more applying the rules of

good common sense than the administration of cactus, digitalis, pulsatilla, and the various heart remedies for cardiac irregularities when the trouble is produced by indigestion.

To use cold baths in all cases of high temperature is equally absurd. I recently saw a typhoid fever patient where the temperature was ranging from 105 to 106° made worse by even tepid water, while relief came from placing the patient in a bath tub filled with very warm water, the temperature dropping two degrees in less than 30 minutes.

Very many cases, especially chronic ones, have a multitude of symptoms, giving the patient, and too often the physician, the idea that every organ is involved, and that much medication is needed. If common sense is made use of, however, and the case carefully examined, the lesion becomes either a very simple one, or the doctor finds the trouble reflex and one in need of but little medication.

A recent case of chorea will show why one might readily lose faith in specific medication. The patient, a girl 18 years old, had suffered for months with twitching of the facial muscles, frequent drawing of the mouth and the involuntary jerking as seen in chorea. A history of the case showed symptoms that called for gelsemium and macrotys, yet the patient had failed to get any benefit from these drugs. Was also informed that electricity had been used with the promise of relief, but the patient grew worse. Being satisfied that it was not a case for medication, I found on examination an adhesion about the clitoris, an endometritis and rectal trouble. The clitoris was unhooded and the traumatic edges sutured with fine cat-gut, the uterus curetted and the rectal trouble corrected. Three days have elapsed and you would not recognize the patient as the same girl. This was simply a case where medication *could not cure*. Gelsemium and macrotys are both excellent agents in chorea where there is no organic trouble, but to give them in all cases of this disease is the height of folly; it is not good common sense treatment.

High temperature does not always call for sedatives. For example a patient with a temperature of 103 or 104°, with a moist, white tongue and *rapid, feeble pulse*, will show marked improvement by giving carbonate of ammonium. Here a stimulant lowers the temperature. The small, rapid, feeble pulse needs stimulation, and common sense suggests this in preference to sedatives. The general practitioner meets many cases that are obscure, many that require great skill, emergency cases that must be treated at once without the opportunity of consulting authority, but if he uses good hard common sense along with the right remedy, he will come out victorious.

B. L. T.

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#### PROGRESSION OR RETROGRESSION, WHICH ?

In all branches of business, and this includes labor and learning, there must be one of two conditions present, either progression or retrogression. The term stagnation is frequently employed to denote inactivity, but neither in nature nor any occupation of man can the

term be properly applied. Absolute inertia is an unknown quality, excepting in a comparative sense, although the word is quite frequently used to denote lessened activity.

We must either progress or retrograde in medicine; we cannot "stand still." That we as a school are retrograding I emphatically deny; that we are progressing as rapidly as we should is, however, a debatable question.

The question is often asked, "Do you in your college teach specific medication as it was taught by Prof. John M. Scudder?" I have been asked this question many times, and suppose others have been asked even oftener. Now as regards the answer. We all honor Profs. John King and John M. Scudder for formulating the essentials of and laying the foundation for the structure known as specific medication, but it would discredit our old instructors to say we have made no changes—not in the laws governing, for they are the same always, but in the application of some of the essentials. Had this not been done, we would have retrograded.

No one person possesses the ability to comprehend in every detail the magnificent structure of specific medication. Prof. Scudder never claimed the entire system as being original with him, but he was the man for the time and place, to work out, systematize, and put on a working basis this method of medication. He never claimed it was perfection. In fact no one was as well qualified as he to detect the incompleteness of detail, although he well knew the system was built on correct reasoning.

If the successors of Dr. Scudder have not improved any over the first teachings of specific medication, it is due either to a faulty system or lack of correct endeavor to establish and make impregnable this vital principle in the administration of drugs. Both the general practitioner and the teacher have added strength to our system, by an intelligent and discriminating study of drug action. Many theoretical precepts have become well known facts, while others have been discarded for the reason they would not stand the test of a comprehensive investigation.

What may appear to be true on one or two trials may prove to be fallacious in the light of one hundred or a thousand trials. When the number of like results is reported in hundreds of cases, the reports coming from various sources, we cannot doubt their truth, even though an occasional failure is reported.

The personal equation must be considered in reading the indications for remedies, as much or more than in most things, for the unconscious mental bias is a difficult thing to eliminate in our work. No two persons think, see, or reason exactly alike, and on account of this results are not always the same.

The essentials of specific medication are as true to-day as they were when first given to the profession, for they have always existed, but were not properly understood; but we have progressed, and in doing

so have not only strengthened the structure, but also increased its magnitude, and this increase will continue as long as we possess capable workmen.

E. O. F.

#### POISONING BY COAL OIL.

"Poisons are like lightning: they strike where and often when one least expects. Some physician reading this editorial will have experience soon, but just who it will be no one can tell."—*Editorial E. M. Journal, Aug. 1904. p. 473.*

While the preceding words were being put into type the writer was called to treat a case of coal oil poisoning. As the cases are not numerous, nor the subject very often referred to in our journals, we do not know that we can serve our physicians better in this number than by giving a brief outline concerning poisoning by the coal oil or petroleum group.

Considering the accessibility of coal oil, gasoline, and similar fluids now found in every household, it is a source of wonder that cases of poisoning by them are so rare. Yet there are a sufficient number so poisoned to make it advisable for the doctor to be on the alert, and to be familiar with the symptoms and treatment. This knowledge must be acquired "before the fact," and become a part of the doctor's daily emergency knowledge; for besides the greater possible loss of the patient, comes the lesser but no less welcome stigma upon his attainments. He cannot cover up his tracks, for in all probability sudden deaths from such causes will become cases for coronial investigation. Even in cases of poisoning where fatal results are bound to take place, and the doctor knows that the victim will die, as in poisoning by lethal amounts of hydrocyanic acid, or cyanide of potassium, it is his duty to employ the recognized antidotes, and pursue the usually advised treatment for the same. Such a course protects the doctor, gratifies the friends and relatives of the victim, and satisfies the courts.

The poisonous properties of petroleum and its allied fluids cannot of course, as Taylor remarks, be rated high. Even though not fatal, the proper treatment restores the patient far more quickly, eases the anxiety of friends, and shows the competency of the well informed doctor. Purified coal oil or kerosene, as now so extensively used, is less poisonous than the crude forms, such as crude petroleum, which contain poisonous sulphur compounds that impress the nervous system. This toxic effect is especially common with the crude petroleum from Canada and from Lima, Ohio.

The names of the substances which may be included in the petroleum group, within the meaning of this note, are coal oil, kerosene, head-light oil, mineral oil, illuminating oil, petroleum, crude petroleum, rock oil, paraffine oil, gasoline, benzine, naphtha, rhigolene, mecca oil, solar oil, and photogine.

Three ounces of naphtha have produced death, while recovery has

taken place after swallowing a pint of petroleum and half that quantity of paraffine. The majority of cases occur by drinking by mistake from bottles supposed to contain intoxicating liquor, usually when the victim is in such a state of intoxication as not to know what he is about; yet cases of intentional poisoning by it have been noted. But what may be more likely to occur will be cases of little children just beginning to walk whose curiosity and desire to drink everything left in a glass is stronger than their repugnance to the taste of very disagreeable substances.

The case referred to by the writer was one in which a child of 1½ years drank half a large tumblerful of coal oil which had been carelessly left on a dresser. None of it was spilled, A sharp cry brought the mother, who was in the room below, and the child was by that time prostrate upon the floor, with its hand clutching at its mouth. Milk and syrup of ipecac were immediately given, and messengers rushed for a doctor, but for two hours none could be found. The writer happening to pass, was called in. The child was then in a deep somnolent state, and could be roused only to relapse again into sleep. Occasionally it would cry out as if in pain. It had vomited but little. The face was extremely pale, the skin cold, the respiration slow and irregular, and the patient restless in her sleep. A large quantity of lukewarm water was immediately prepared, and ten grains of zinc sulphate administered, followed by several large draughts of the warm water, the child eagerly taking it on account of its thirst. After waiting a reasonable time the handle of a smooth spoon was introduced so as to make steady and strong pressure at the base of the tongue, which caused the patient to promptly vomit. This emetic procedure was repeated in the next twenty minutes. A large soapy enema was administered to free the bowels of any possible oil that might have passed into them; a cathartic dose of castor oil having been given after the emetic procedure. Artificial heat was applied, and the following given in teaspoonful doses every twenty minutes: R—Sp. digitalis gtt. xx, brandy ℥j, water q. s. ℥iv. M. The dose to be given every hour after the somnolent condition began to give way. The little one developed a high fever by night (the petroleum having been taken at 10 A. M., treatment begun at noon), but on the third day had fully recovered.

It must be remembered that the danger in these cases lies not alone in the nervous phenomena produced, but in the possible after gastrointestinal inflammation that may prove fatal after a few weeks. In the case cited we believe the prompt administration of a large quantity of milk protected the membranes to such a degree that irritation of the mucosa was prevented. The parents should always be advised of the possible after effects.

The symptoms that may be looked for in a case of petroleum poisoning are: sharp, severe burning in mouth and stomach; vomiting and eructations betraying the strong odor or the related product in-



volved; giddiness, fullness in the head, with pain and sense of constriction. In the stage of excitation the pupils are contracted; in collapse, dilated. There is feeble, rapid pulse, sighing respiration, cold skin with sometimes cold sweat, deadly pallor, somnolence, great thirst and restlessness. Unconsciousness and collapse may occur. The stools show an oily layer, and the urine may give off the odor of violets. The odor of coal oil, the somnolence, and marked pallor, should lead directly to the diagnosis. The treatment has been sufficiently outlined above: emetics, stimulants, and artificial heat, with palliative and limitive after treatment.

In connection with this subject let us call attention to the fact that the vapor of these substances, especially gasoline, may poison, and many cases of intestinal auto intoxication among children have been reported in the last few years. The writer also had one case (see *E. M. JOURNAL*, 1897, p. 110) in which the unguarded local use of coal oil led to dangerous destruction of tissue and collapse. H. W. R.

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#### "PURELY VEGETABLE."

This hackneyed term is familiar to the laity, as well as to the medical and pharmaceutical professions. It has been used, perhaps, more extensively by manufacturers of preparations designed for self-medication by the people than any other general term. It is accepted by many that the term "vegetable" means the same as organic, in that a vegetable substance is neither a mineral compound nor an association of organic and mineral bodies. Others construe the term in the light it is sometimes employed to denote a preparation that, by reason of its being made from plant life, is necessarily less energetic and deleterious than it would be if compounded from inorganic substances.

Now let us study these terms in the light of present day facts connected therewith. Vegetable bodies carry in their tissues inorganic materials, often in very large quantities, so that a vegetable compound may be largely composed of inorganic bodies which are found also in the minerals of the earth. Take for example a piece of rhubarb root. Break it open, and you will likely discover in the fracture a more or less crystalline substance, white and glistening. This on analysis will be shown to be calcium oxalate. A related compound (potassium binoxalate) is also abundant in the oxalis or sour grasses. Take a mass of blue cohosh roots; assay these roots and it will be found that by proper manipulation they will yield large amounts of crystalline concretions which are mainly calcium phosphate. Your garden beet, reduced to its ultimates, yields much potash (we have worked car loads of potash made in France from beets), which is also true of the ashes of most trees.

In many plants silica occurs in very large quantities. The shiny coat on the surface of the straw of wheat, oats, rye, etc, which gives

the strength to the straw of wheat, is largely silica. The hard, gritty substance present in the bark of hickory, which the woodman tells you will dull his axe almost as glass will dull it, is silica. In some plant structures many of the mineral earths exist in close association.

Aluminum, once supposed to be very sparingly found in plant life, exists in quite large quantities in many roots and vegetables. Iron, copper, and other metals are found in plants, and we might largely continue the list were we to cite plants by name. Probably none could be altogether excluded. Whoever uses the words *purely vegetable*, as regards a comprehensive preparation evolved from a plant, and ignores the fact that inorganic structures are present, overlooks a material side of plant life. The "purely vegetable" product may carry more or less mineral compounds combined with various so called mineral acid bodies, such as sulphuric, muriatic, and phosphoric, as well as the vegetable acids.

Turn now to the energy imparted by the organic bodies, as contrasted with the energy of purely inorganic compounds. Some of the most fearful poisons are organic, while some, even to the most wholesome foods, depend largely, as does phosphate of potassium in wheat, for their value on inorganic structures. Hydrocyanic acid is found widely distributed throughout the vegetable kingdom. Strychnine, atropine, and other very poisonous bodies are vegetable products, fragments of plant ultimates; and here too, were it necessary, the list could be widened and intensified.

Let it be understood, then, that the term *purely vegetable*, in its comprehensive sense, means that a compound derived therefrom may be both energetic and inorganic. It may contain oxalic acid or sulphuric acid or hydrochloric acid in combination. It may contain alkaloids and glucosides and metals and earths. In other words, there is no sharp line of demarkation between what may be obtained from vegetable structures, and what may be obtained from inorganic bodies. Plants feed on air and water and earth and sunshine. They seize the elements and break up the most permanent inorganic compounds. They evolve, excrete, fix, create, and store structures both new and old, most wonderful and complex. They are a labyrinth within themselves, and he who thinks a vegetable is restricted to volatile or other organic compounds overlooks his opportunity to learn from the lesson engraved in modern facts.

At the date when the writer of this editorial first studied chemistry authorities taught that two great classes of bodies existed, one created under the influence of life, the other being earthy or inorganic. When urea was discovered, as made artificially, it was one of the first of a great class of artificial bodies now known, illustrative of the fact that the product of "vital force" may be paralleled in the laboratory of the chemist. Only recently have citric acid, indigo, and other materials once altogether obtained from vegetable life, been obtained on a profitable manufacturing scale by means of synthetic chemistry. But

the list of such structures is now a great one. The study of plant life teaches that one who aims to do so understandingly must neither neglect the ultimates of so called organic or inorganic structures, nor must he tie his faith blindly to a fragment, be it organic or inorganic.

J. C. L.

#### WHAT OF THE OLD INSTITUTE?—SESSION OF 1904-5.

RETROSPECTION.—Take down your files of the E. M. JOURNAL, turn to the index of each year since 1845 and behold for more than half a century the announcement of the Eclectic Medical Institute appears. Never a break, never a closed door, never did a graduating class fail to add its numbers to the ranks of the alumni that had passed from out its doors. There have been strenuous times, but these have been met as do men meet resistance in behalf of a cause in which they believe. The split in the faculty of 1856, the rival college designed to wreck the old Institute, came and went. The antagonisms of the factions in which figure the names of the giants of old, became history and left scarcely a scar. The passing of the crudities of medicine of early Eclecticism, the shock of the transition period that ushered in a better medication and a specific practice, the turmoil of the alkaloidal and concentration faddists who half a century ago wedged themselves into the school, became a matter of record. In it all the Eclectic Medical Institute moved on, adding her yearly quota of graduates to the army of her alumni.

Fell now the civil war, like a mighty weight; even the E. M. Journal of 1862 felt its blow. But six months did it appear that fateful year. But yet that year the graduating class of the E. M. Institute numbered fourteen—naturally one of the smallest in her record.

Then came the rivalries that led men to resist the passing of the old and the upbuilding of a new system based on the good of the old. Specific Medication, small doses, pleasant medication became now an established fact, and then for a period peace ensued. Came now in the close of the last century the revolution in school curriculum the land over. State laws, Boards of health, Boards of Medical Examiners, were and yet are the rage. Domination of colleges by the law-makers of the land in which restrictions undreamed of in times gone by were formulated into legal method. These confronted alike all colleges. The old two session method of one fiscal year passed first into a two session course in two separate years, then into a three session in separate years, and lastly into a four session in separate years prefaced by a preliminary education that demanded a high school certificate as an entrance qualification. In it all the E. M. Institute prospered, her classes maintained both their standing and numbers, her alumni continued to grow by the addition of young men and women whose names are no less an honor than are the honored of the alumni of the past. Take Felter's History of the E. M. Institute and read in detail the record of it all.

WHAT OF THE SESSION OF 1904-5?—The Secretary reports that inquiries for entrance have never been more satisfactory both as to numbers and entrance requirements. Never have the alumni of the Institute seemed so anxious that their new students should enter their own alma mater; never so determined that their seniors should graduate from her halls. If you wish to know what the E. M. Institute teaches, how it teaches, who does the teaching, ask the class of last year, and of the years preceding. If you wish to know how the Institute stands the country over, ask the graduates of last year and the years preceding how they have fared in the examinations of the State Boards; ask the Examining Boards the country over how the E. M. Institute ranks. Take the present record, add thereto the honorable history of the years that lie behind, and it needs no eye of prophecy to foresee that those whose opportunities are such as to permit them this session to enter the class of the Institute will make no mistake by doing so. Those who go out as graduates will never regret having the diploma of the Eclectic Medical Institute of Cincinnati. And never before as now came the appeals for Eclectic graduates. Never as now did letters come, pleading letters, begging for a graduate of the E. M. Institute to step into a practice that awaits the man with an E. M. I. diploma.

#### OUR TROUBLES.

This world would be a delightful place to live on if it were not for the people. Man is the cause of all his many troubles. His worst enemy is himself. Since the time of Adam he has kicked against the pricks set up by Nature to guard him against the infraction of her laws. Sinning, he has insistently attempted to throw the responsibility for all his woes, his wounds, the result of his many transgressions, on some one else. The most of the pain, sorrow and misery in life is his own invention, yet he tries to saddle the larger portion on God, his fellow-man or the devil. Natural laws broken cause moral, mental and physical wreck. Many of nature's laws he knows but does not heed. Knowing that consequences follow his every act as night follows day, yet he dares to take the losing chance, hoping to escape results in some unknown manner.

In the book of life there are no statutes that may be broken, no penalty escaped. There are no dead-letter laws. "He who breaks must pay." He who carries a lighted torch into a powder magazine may expect an explosion, and lucky is he if he be not blown into kingdom come, and there is no mystery about the result to one who understands the principles of explosives. Providence is not to blame. Three-fourths of the world's sorrow and unhappiness is preventable, and the lesson is not so difficult to learn. Day after day the daily press is chronicler of unnecessary pain and suffering due to man's own wrong actions, and he knows they are wrong when doing them. Page after page tell the dark story of avoidable accidents, disasters, human weakness and crime.

Each may be traced back to its cause and over all may be written, preventable. Carelessness, inattention to past experiences or neglect of duty, all are followed by suffering and misery.

Among the many causes of man's unhappiness may be mentioned dissipation, which leads to betrayal of trust and its certain consequences; anger, avarice, jealousy and a desire for revenge, all are broad avenues to crime. Selfishness and dishonesty lead to moral degradation. All are preventable through right thinking which insures right living. To live right and make this world a good and desirable place to live in, we should prevent that which is preventable and seek diligently a knowledge of the things which mar our happiness and over which we have as yet no control.

Physical suffering holds a prominent place in the lives of men and women, and yet the majority know or ought to know how to prevent sickness. The people of the world in all ages have spent their time trying to find out how to recover normal health once they are sick. They have but recently turned their attention to the greater problem, how to keep well once they are well. Physical ills are largely preventable and are due to a wrong in supplying physical wants, or rather needs. If one had sense enough or moral courage enough to eat to live instead of to live to eat he would seldom have the bellyache and almost never a disease like Bright's. If he had one extra vertebra in his spinal column he would refuse to pour down his gullet the dainties from the table or large quantities of the white extract of cow when he is already too well filled with the good bad and indifferent things of his life to live.

Just the other day a mother brought her baby to my office for treatment. It was ten months old, bottle-fed and had diarrhea as a matter of course. I advised a discontinuance of the milk diet for twenty-four hours and a substitution of water when the child was fretful. She followed my advice and afterwards gave the baby a little something from the table, just enough to satisfy its slight hunger. A few days later she came back with a sick baby again, although she stated that it had been doing nicely since her first visit until about two hours before when the baby seeming to want milk she gave it some. The baby left the milk on my office floor as an evidence that one of nature's laws had been violated. The mother went home a wiser and a better woman. A persistence in that kind of a fight against Nature kills many a poor infant who had the promise of a long life. The older nations of the world were not fools after all, and we would do well to follow some of their crazy notions, one among the best being that of fasting at certain stated periods if not oftener.

There is no conflict between man and Nature if he will but recognize that she has fixed and absolute laws which he must follow. He must make up his mind that he is but a part and parcel of the vast machinery which goes to make a universe and can not run long nor well without observing the rules of mechanics.

A. F. S.



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**SEPTEMBER, 1904.**

**No. 9.**

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## BOOK NOTICES.

**EPILEPSY AND ITS TREATMENT.** By Wm. P. Spratling, M. D. Octavo volume of 522 pages, illustrated. W. B. Saunders & Co., publishers, Philadelphia. Cloth, \$4.00 net.

Possibly one of the reasons why there are so few recoveries from epilepsy, and so many epileptics whose education is defective and their usefulness impaired, is because the medical profession have only studied the drug side of the question of the treatment of epilepsy.

Our text-books give a short chapter on history, diagnosis, and treatment which does not cure; but in this book Dr. Spratling has covered the field and discussed every phase of the subject, with much original matter gained from the vast field of the Craig Colony, New York, of which he has been Medical Director for several years.

The moral, the psychical, and the educational, as well as the medical features are treated; while control and occupation of such patients, which are of the utmost importance, are kept prominent. In fact no one has handled this essential part of the subject so well or so fully as the author has done in this book. Every general practitioner should have it, for the increased benefit he might render to even one chronic case will far exceed the cost of the work.

B. M.

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**DISEASES OF THE NOSE AND THROAT.** By D. B. Kyle, M. D. Third edition, thoroughly revised and enlarged. Octavo volume of 669 pages, with 175 illustrations and 6 chromo-lithographic plates. W. B. Saunders & Co., publishers, Philadelphia. Cloth, \$4.00 net; sheep or half morocco, \$5.00 net.

The fact that this work has entered its third edition in the short period of five years, is proof that the author has placed before the profession a work of merit. The subject is presented in not only a readable form, but what is essential, a practical manner. This revision

brings the book up to date in every particular, and those who contemplate buying a work on the nose and throat cannot do better than to select this one.

K. O. F.

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**LE SYNDROME ADENOÏDIEN.** Ozone—Vegetations Adenoids Appendicite Chronique. Par Le Dr. Joseph Delacour. A. Maloin, Libraire Editeur, 25-27 Rue de l'Ecole-de-Medicine. Paris. Un volume in 8°. Prix 4 francs.

In this little work the influence of adenoids upon not only surrounding structures, but also upon the general system, is fully considered. It is a comprehensive treatise, carefully written and devoid of exaggeration; simply facts being given as to the wrongs directly traceable to these growths, and also the results of both early and late operative measures. The annoying sequelæ not infrequently following operative measures being considered. It is a work well worth translating into our mother tongue.

K. O. F.

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**VON BERGMANN'S SURGERY.** A System of Practical Surgery. By Drs. E. von Bergmann and J. von Mikulicz. Edited by W. T. Bull, of New York. To be complete in five imperial octavo volumes, containing over 4000 pages, 1600 engravings, and 110 full-page plates in colors and monochrome. Sold by subscription only. Per volume, cloth, \$6; leather, \$7; half morocco, \$8.50 net. Vol. III just ready. 918 pages, 505 engravings, 21 plates. Lea Brothers & Co., Philadelphia.

The third volume of the American edition of Von Bergmann's System of Practical Surgery is even better than the preceding.

The scope of this volume considers the lesions of the extremities; is ripe with practical suggestions and illustrations of all the better methods of the surgery of the old and new world.

The excellency of the arrangement of the different volumes according to regional lesions is commendable, as it gives the physician or surgeon a work not too voluminous, and on the subject under investigation, ample instructions and well planned illustrations.

Prof. Von Bergmann's System of Surgery will never be equaled in our generation.

L. E. R.

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**NEUROLOGICAL TECHNIQUE.** By Irving Hardesty, Ph. D. 183 pages. Published by University of Chicago Press.

This work gives some histological methods employed for the study of the nervous system; together with a laboratory outline for the dissection of the central nervous system, and the neurological nomenclature (B. U. A.) arranged in a classified list.

This little book will be found useful by medical students and physicians who use a microscope, and all others who wish to acquaint themselves with the laboratory procedures necessary to the securing, fixing, staining, mounting and preserving of specimens of the brain

and spinal nerves. Twenty different methods by almost as many authorities are described, and the advantages of each discussed.

The chapter on anatomical terms is intended to simplify and to clear up the confusion now met with in the study of the nervous system because of the number of scientific terms with similar or the same meaning.

R. M.

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THE CLINICAL STUDY OF BLOOD POISONING. By Theodore C. Janeway, M. D. D. Appleton & Co., New York. Cloth, \$3.00.

The author's statements are clear and concise, based on his experience and observations. He recognizes the difficulty the general practitioner would have in selecting a sphygmo-manometer he could use, or which would be of any service to him. Unfortunately there is not an instrument on the market which can be carried to the bedside in general practice, and used with any degree of certainty. The type is clear, readable, cuts distinct, and general make-up of the book is good. Dr. Janeway has condensed a great deal of miscellaneous literature on this subject, and his statements are to the point, abound in good sense and sound judgment. If interested in the subject, get this book.

J. H. P.

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SEPTEMBER LIPPINCOTT'S MAGAZINE.

Francis Willing Wharton has a new novelette in the September number of Lippincott's Magazine entitled "The Deep Waters of the Proud." The half-dozen short stories of the month begin with an especially human one by Alden March; entitled "Help Wanted, Females." In it there is confusion of typewriters (the feminine gender) and a happy conclusion. Ina Brevoort Roberts, the popular author of "The Lifting of a Finger," contributes one of her fetching love-stories called "The Release." "Graduates of the School is" by Cyrus Townsend Brady and is an extraordinarily good tale of yellow journalism. Caroline Lockhart writes "Sharper Than a Serpent's Tooth," which is a story of Labrador and a thankless child. "At the Sign of the Waxen Woman," by Clinton Dangerfield, is a lively story of the pursuit of a bride and the outwitting of an unwelcome bridegroom. "The Regeneration of Isaiah" closes a series of amusing dark sketches by Ella Middleton Tybout which have been running through the Magazine for some months. These have attracted attention sufficient to demand their publication in more permanent form.



## COLLEGE AND SOCIETY NOTICES.

### THE CLASS OF '99.

There is something we can feel but not describe, as Prof. Boyer says, when we meet our old class-mates after years of separation.

The class of '99 have been to the National twenty strong for two years, but we can and must double this in the future. No persuasion is needed for those who were at St. Louis this year, it was so thoroughly enjoyed. Some we had not seen since we parted at the old E. M. I., and as we grasped the hand and looked into the face, something said growth. They were broader, nobler minded men.

We had an excellent banquet; with and between the six courses were reminiscences of old days, some sad ones and some laughable, such as J. K.'s frantic attempt to drive away an old musician with his organ during lecture hour, while the money came surely and steadily dropping from the balcony above, etc.

"Our boys" are always gallant, so the ladies were guests at the banquet. Please accept our thanks. Drs. Morrill and Martin had pretty and interesting wives at the National. Dr. Blosser had one of the best papers there. Drs. Wheat and Maupin's faces smile back at us as we think of the National. Doctors. Lehr, Ashabrunner, Lockhart, Holtzmuller, and Henderson sustained the dignity of the class, while Drs. Gage, McKee, Grandstaff, Spindel and Hauck, kept up the fun. We are much afraid the "twins" (Drs. Sloan and Morey) will be a triplet when they return, but never mind, for if Mrs. Boyer keeps her promise it may be a quartet. The phantom of Dr. De Ella Brown came and went to make up the twenty.

Sad thoughts came to us as we talked of our departed ones, Drs. Hughes, Barker, and Cleverdon.

The first to meet us at the Hotel Epworth was Prof. J. K. Scudder with a special smile for the graduates of the old E. M. I. Two hundred graduates of the Institute were at the National. Eight students are now at the old Institute whose preceptors are of the class of '99. Two of our class-mates are on State Examination Boards—a great record for five years.

If you know anything of interest about "our boys," please drop a line to the Recording Secretary at Gonzales, Texas. 'Twill be a personal favor she will appreciate. Please help to keep up a good record of the class of 1899.

MARY BEACH MOREY.

The fifth Quarterly Meeting of the Northeastern Ohio Eclectic Medical Association will be held in Cleveland, at the Hollenden Hotel on September 8th, 1904. Professor Lyman Watkins of the Eclectic Medical Institute will address the society on "Neuropathology." Being the annual meeting there will be election of officers for the ensuing year.

## PERSONALS.

L. A. Perce, M. D., of Long Beach, California, has been elected President of the California State Medical Board.

MARRIED, September 6th. Dr. James W. Gage, E. M. I. '04, and Miss Mary Kruempelbeck. Dr. Gage is now located at Garrett, Ind.

DIED, at Pioneer, Ohio, May 23, Dr. Richard Gaudern, N. Y. E. M. College '72.

LOCATION.—Good location in Indiana, town of 400, good surrounding country, good pikes. Will sell books, instruments and medicines, and will introduce my successor. For particulars address with stamp, Dr. W. D. Corya, Butlerville, Ind.

LOCATION.—Any one sending me a self addressed and stamped envelope, can learn of an extra fine location. Medicines & office fixtures \$325. Address box 166, Akron, Ind.

A first-class medical and surgical practice to any one buying my property in middle Indiana, on railroad, with good roads and a rich farming country surrounding. Amount required, \$2,500—a snap to the right party. Do not write unless prepared to do business.

Address A. S. HOLLINGSWORTH, Urbana, Ind.

## READING NOTICES.

### The Benefit of Fasting in Typhoid Fever.

Dr. R. M. Harbin (*Jour. Am. Med. Ass'n.* July 11, 1903) reports ninety cases of typhoid fever with four deaths, from which statistics he concludes as follows:

1. Fasting and a restricted diet are indicated because of pathologic conditions.
2. Emaciation occurs independently of the amount of food taken.
3. All severe cases should be subjected to fasting for twenty-four to forty-eight hours to relieve the active symptoms, which exhaust the patient more rapidly than the lack of food.
4. After a fast a restricted diet of broths, diluted milk, etc., should be prescribed in definite quantities.
5. Gelatin prevents too rapid emaciation in certain cases and renders hemorrhage less liable.
6. The cold bath or the modified cold bath is more effective during a fast.
7. Peristalsis favors the absorption of toxins, and cathartics should be used only to remove undigested food.
- 8 The presence of intestinal ulcers should be assumed to exist in every case, and the proper treatment is rest, which is better attained by fasting and a restricted diet, thus preventing hemorrhage and perforation.

9. The presence of diarrhea and vomiting indicates the adoption of the fasting treatment.

10. Fasting and a restricted diet shorten the course of the disease, and many cases run an abortive course after the amphibolic period.

11. Many of the vaunted cures from specific drugs are dietetic in fact.

12. Recrudescences are nearly always due to dietetic errors.

13. In the above report, forty-five consecutive cases occurred without death. Of eighty-seven whites, two, or 2.2 per cent., died. Of colored, two died, and the low mortality of 4.4 per cent. of all cases was ascribed to the above treatment. Apropos of fasting in continued fevers' Coca in the form of Vin Mariani, which may be given well diluted with cool water, has been advocated with pronounced success. It not only allays the abnormal craving for food, but relieves the intense thirst which is so distressing to both patient and attendants.—*The Coca Leaf*, December, 1903.

#### A Unique Accident.

H. C., about 40 years of age, came home late in the night in a "festive condition." Inserting his key in the door lock, his foot slipped and he fell with his mouth on the edge of the key, severing the tissues below the lower gum and the sublingual gland. When I arrived at the house he was vomiting profusely. However, when the vomiting ceased for a while, I noticed blood oozing from behind the lower lip, intermixed with a yellowish, somewhat frothy liquid pouring out in gushes. I endeavored to stop the flow, but did not succeed owing to the repeated vomiting spells.

At last I succeeded to inject hyodermically a half a grain of morphine, in consequence of which a cessation of vomiting followed shortly.

After a careful examination of the injured parts, I concluded it could be but the sublingual gland which emits the secretions. I intended to put some stitches in the tear, but patient protested against it in his semi-intoxicated condition. I had to resort therefore to the application of strips of adhesive plaster to the surface of the lower lip, thus compressing the several parts.

This procedure stopped the evacuation and I left patient in quite a comfortable condition.

The beneficial action of the morphine, however, was of short duration, as I was summoned again about two hours after, with the frightened remark that patient is suffocating.

When I arrived, I found patient hanging down his head from the bed, gasping for breath, as some food-masses could not pass through the mouth owing to the compressed chin. I tore off the bandage, and with the contents of the stomach the little gland commenced to flow with renewed vigor. By this time, the man having sobered somewhat, after some arguments he permitted me to put in the necessary sutures.

Notwithstanding the internal administration of some stomachics the irritation continued, vomiting would not cease. I was compelled to inject hypodermically another dose of morphine, which after some minutes stopped that wretched retching.

The next day, however, as the effect of the morphine passed away, vomiting recurred.

Considering the fact that a simple alcoholic irritation of the stomach would yield to the prescribed treatment, I concluded that it could be but the swallowed secretions of the sublingual gland which caused this persistent irritation.

I decided on a simple innocuous antiseptic—glycozone—with which I had quite a satisfactory experience in several cases of ptomaine poisoning. I prescribed it in repeated tablespoonful doses with rapid and gratifying results.

Notwithstanding the liberal use of antiseptic washes and sprays, the wound in the mouth was healing but very slowly. A. RIXA, M. D.  
*In Med. Summary.*

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*The Quarterly Journal of Inebriety*, so well and favorably known through the instrumentality of its brilliant and philanthropic Editor, T. D. Crothers, A. M., M. D., quotes the following statement in reference to pain relieving remedies, from one of Great Britain's noted medical men, Dr. John Stewart Norvell, Resident Surgeon, Royal Infirmary, Edinburgh: "Antikamnia Tablets are a remedy for almost every kind of pain, particularly for headaches, neuralgias and neuroses due to irregularities of menstruation. They act with wonderful promptness; the dosage is small, two tablets. The undesirable after-effects so commonly attending the use of other coal-tar analgesics are entirely absent and they can therefore be safely put into the hands of patients for use without the personal supervision of the physician."

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When the menses are suppressed from exposure or from colds, wet feet the result of emotional excitement, or febrile conditions, if not complicated with organic change, but by a more passive congestion, aletris cordial Rio is a very reliable remedy. It is an emmenagogue, not abortifacient.

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Dr. J. L. Waffenschmidt of Cincinnati, O., who graduated from Miami Med. Col. in 1872, says: "My experience with Sanmetto has been pre-eminently satisfactory in all cases of irritable conditions of the urinary organs, and I prescribe it with a feeling of certainty of good results in catarrhal conditions of the pelvic organs and atonic conditions of the sexual glands. In cystitis, spermatorrhea, enuresis and loss of sexual power it is par excellence."

URETHRITIS AND PROSTATIC TROUBLES.—Dr. J. Hogan, Moundville, Mo. says: "I wish to heartily congratulate you on your happy hit—Satyria—as it is an ideal preparation. I used it on a lady aged 26 years, suffering with urethritis; she was relieved in forty hours. Also on a gentleman aged 59 years, with prostatic trouble of five years standing; he is deeply grateful."

ERRATUM.—On page 444 of the August Journal, fourth line from bottom, the word "unalloyed" should be "amyloid."

## ZYMOTOCINE,

ZYMOTOCINE is the only internal germicide which will kill the bacilli in the alimentary canal and in the blood, and at the same time eliminate their toxins without harm to the patient. It will prevent or control all zymotic diseases, and cut short or abort true cholera infantum in from twelve to twenty-four hours, and pneumonia, bronchitis, broncho-pneumonia, malignant malaria, typhoid, puerperal (or child-bed) septic fever, in from three to six days after the forming stage is fully past.

### ZYMOTOCINE CHEMICAL CO.

20 West High Street, Springfield, O.

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## ORIGINAL COMMUNICATIONS.

### THE RELATION OF BACTERIOLOGY TO THE SPECIFIC MEDICATIONIST.

By George H. Knapp, M. D., Cincinnati, O.

**T**HOSE apothegms which underlie the Eclectic system of practice and have had as their logical outgrowth the doctrine of specific medication, are not inimical to other scientific truth. This distinguishing feature of our practice, a therapeutic method which recognizes variations in symptomatology, and according to the tenets of which the administration of remedies is guided by certain disease expressions—symptoms—and governed by underlying pathological conditions; which seeks to give remedies having a definite sphere of therapeutic activity for their direct effect, in the line of their physiological action, but in curative doses, is not incompatible with the advanced scientific ideas of the present day. The cardinal principles of this system of therapeutics are not endangered by the ideas now generally entertained in regard to certain etiological factors of disease.

Although there has been a tendency in some directions to make bacteriology a subject for contention between the various sects in medicine, it is not at once apparent how any of the biological sciences can properly be made subjects for sectarian controversies. Biological facts are not the peculiar property of any school, but are of universal application and not open to controversy. It is not the purpose of this paper to either advocate or denounce the germ theory of disease, but rather to attempt to review briefly, and in an unbiased manner, the present status of the theory that certain diseases are of bacterial origin, and to consider also the modifying influence of this principle upon the treatment of the affections in question.

It is at once evident that either the approval or denunciation of the germ theory dogmatically stated, without any arraignment of facts to substantiate the stand taken in the matter, would be neither calculated to carry conviction, nor characterized by that fundamental feature of fairness which cannot be divorced from the true scientific method of inquiry. In approaching this subject it would seem that our attitude could not be better governed than by the dictum that "scientific investigators do not pledge themselves to creeds; they are not bound by articles of any kind; but it is their bounden duty to part with any belief cheerfully the moment it is really proven to be contrary to any fact, great or small." Should our investigation, then, lead to the conclusion that the medicinal treatment of disease is wholly unavailing; that any treatment save that of serum therapy is irrational and entirely without effect upon the course of disease, then we would of course be compelled to relinquish our system of specific medication. On the other hand, however, should the inquiry eventuate in the conclusion that while there is apparently some truth in the germ theory of disease, and that bacteria do really play a part in the production of certain diseases, but that the practical application of this truth is limited, and at present of little utility in the treatment of disease, then the assurance always conveyed by a deduction formulated from an unbiased review of the premises could but have the effect of augmenting our zeal in a persistent insistence upon the verity and reasonableness of the tenets of specific medication.

A review of the history of the germ theory of disease shows that the doctrine of a *contagium vivum* presents nothing unique and is not of recent origin, but on the contrary is found to have had its inception centuries ago. The first authentic description of bacteria is found in the work of anatomy, Van Leeuwenhoek, the Dutch naturalist who, in 1683, in a series of letters to the Royal Society, described and illustrated certain minute organisms which he had discovered in infusions of hay and in the saliva and scrapings from human teeth. Following the publication of this work the parasitic origin of disease was entertained by many, but little progress was made until 1837, when the researches of Bassi culminated in the discovery of the cause of a disease of silkworms—minute spores which were conveyed from sick to healthy worms, and which destroyed them by germinating in their skins and growing into their bodies. Following Bassi's discovery, the celebrated Henle, in 1840, announced that in his opinion the cause of all infectious diseases must be of a living nature. The announcement of this belief by one so influential as Henle had the effect of stimulating many investigators in this line; but the germ theory of disease had no definite basis until Pasteur's researches had established beyond a doubt the parasitic origin of a certain disease which ravages silkworms. The publication by Robert Koch, in 1877, of the results of his investigations and experiments with the anthrax bacillus and the practical application by Lord Lister of the principles of bac-

teriology to antiseptic surgery, are matters of such familiar history as to require no comment.

It is thus shown that the development of the germ theory has been of very gradual evolution, having been entertained by many even long before the improved bacteriological technology had demonstrated the biological peculiarities of these organisms. While Henle and others expressed it as their belief that the cause of all infectious diseases must be of a living nature, they frankly acknowledged their inability to furnish any positive evidence to substantiate this view. The fact that an infectious disease has the power to become widespread and attack many persons in a community when introduced from a single source, formed the basis for the argument of this necessarily aprioristic reasoning. This peculiar property of indefinite multiplication possessed by infectious agents, it was held, could not be attributed to anything except living organisms capable of very rapid reproduction.

As an example of the reluctance with which this theory was at first accepted, one has but to review the literature of puerperal sepsis during the first half of the nineteenth century. The very able effort of Doctor Oliver Wendell Holmes in a publication entitled, "The Contagiousness of Puerperal Fever," in 1843, aroused a storm of opposition, and was met by satire, ridicule, and abuse. The practical demonstration, the almost positive proof of the contagiousness of puerperal fever, furnished by Semmeleweiss, an assistant in the maternity department of the Allgemeines Krankenhaus, of Vienna, was likewise unheeded. Semmeleweiss somehow conceived the idea that the contagium of puerperal fever was being carried on the hands of the students. By ordering that no student should attend a woman in the maternity wards until he had disinfected his hands in chlorine water, he reduced the mortality rate from 11.4 per cent. in 1846 when no aseptic precautions were taken, to 1.27 per cent. in 1848. In 1846 when no aseptic precautions were taken, there were 4010 confinements and 459 deaths; while in 1848, under these comparatively crude aseptic regulations, there were 3556 confinements and 45 deaths. (The statistics for 1847 are not quoted as it was in the middle of that year when the aseptic regulations were first instituted.)

These startling results in reducing the frightful mortality rate from post-partum fever, forced upon Semmeleweiss a realization of the great importance of his discovery. He endeavored to impress the fact upon the practice of his contemporaries, but was rewarded only with ignominy, ridicule, or indifference. From constantly brooding and fretting over his failure to obtain recognition for his principle of chemical disinfection, Semmeleweiss was at last adjudged insane. Chagrined, disappointed, and broken-hearted, he died while steps were being taken for his commitment to a lunatic asylum in Vienna. It is scarcely necessary to state that his position in this matter was later fully vindicated, and a splendid monument has been erected to his honor at Buda-Pesth.



Bacteriology now has a very extensive literature. The study of the various fermentations produced by bacteria is alone a specialized department of bacteriology, having a vast literature of its own, and is of great industrial importance. Scientific agriculture is especially concerned with the nitrifying bacteria whose activities result in the formation of the nitrogenous food of chlorophyllous plants. Without the work of these bacteria the higher plants could not exist. Medicine, however, is chiefly concerned with certain of the schizo-mycetes, which have been designated pathogenic bacteria, and we are now fairly familiar with the life history of those bacteria said to possess pathogenic properties. The morphological and biological characters, staining reactions, cultural peculiarities, and in some instances the chemical products of these bacteria, are definitely known facts, having been established by innumerable investigators.

The complete chain of evidence as formulated by Koch, and deemed necessary to prove conclusively that a certain micro-organism is the cause of a given disease, is as follows: 1, The presence of the organism in all cases of the disease, and in such distribution as will explain the lesions; 2, the isolation of the organisms in pure culture; 3, the reproduction of the disease by inoculation with the isolated organisms. Only a comparatively few of the infectious diseases are claimed to have been proven to be caused by specific micro-organisms in conformation with these postulates. The diseases in which these requirements are said to have been fulfilled are tuberculosis, tetanus, anthrax and glanders. Bacteria have been found constantly associated with numerous other diseases, as typhoid fever, Asiatic cholera, influenza, etc., but one or more links in the chain of evidence is lacking. Finally there is a large number of infectious diseases in which no specific organism has been discovered, notably typhus fever, mumps, whooping cough, scarlet fever, small-pox, and syphilis.

It is not claimed, however, that all of the etiological problems of a disease have been solved when the specific micro-organism of the disease has been isolated. More and more stress is being laid upon the importance of individual predisposition, and local or general causes which reduce resistive power are recognized as being highly essential for the growth of bacteria. Local impairment of resistance to bacterial invasion may be furnished by wounds, ulcers, contusions or inflammation, all of which favor the lodgment and growth of bacteria. Factors concerned in general predisposition are those which impair the vitality and nutrition of the body, such as insufficient food, depressing emotions, exposure to heat or cold, overcrowding and insanitary surroundings. That the seed may germinate and flourish the soil must first be prepared for its implantation. In other words, certain congeries of more or less definite symptoms and pathological states which we meet clinically and are wont to consider collectively under a generic designation, such as typhoid fever, pneumonia, etc., are considered to be the direct resultant of a specific exciting cause, yet indirectly de-

pendent upon some obscure peculiarity of tissue metabolism resulting perhaps from a whole series of more or less correlated events to which man may be exposed during the course of his existence.

If it is assumed that bacteria bear a causal relationship to certain diseases, the question next in sequence is as to how they produce their characteristic effects. The prevalent trend of opinion is that the symptoms met with in the infectious diseases are but the manifest effects of poisons generated within the body by the invading parasites. The action of some of the infective agents remains localized to a considerable extent; the tubercle bacillus, for instance, produces fibroid and degenerative changes in the tissues attacked. Others when introduced into the body, notably the bacillus of tetanus and of diphtheria, do not multiply extensively but remaining about the infection atrium perform their malignant functions solely by secreting poisonous substances which enter the circulation. Others multiply in the tissues and also produce poisons as exemplified by the pyogenic cocci in true, progressive septicemia. The formation of these toxins is believed to be a synthetical process and one of the vital phenomena manifested by pathogenic bacteria during the course of their growth and multiplication. Volumes have been written upon the cellular toxins but for practical purposes the toxic products of bacterial growth may be divided into two classes, namely the crystallizable alkaloids (ptomaines) and a group of substances, imperfectly defined chemically, termed "amorphous toxins." These bacterial poisons may in some instances be isolated from artificial cultures and their chemical and toxic properties investigated in this manner. The ptomaines have not the practical importance of the amorphous toxins as it has been demonstrated that most of the characteristic symptoms of the toxic diseases are caused by the latter group of poisons.

The problem of the infectious diseases had seemingly been solved when it was announced that the serum of an animal which had been repeatedly injected with small and gradually increasing quantities of the toxin obtained from cultures of diphtheria bacilli had the property of protecting another animal against a fatal dose of the toxin or of living diphtheria bacilli. It is not within the province of this paper to discuss the various theories which have been offered in explanation of the nature of these antitoxins and the manner of their formation. The study of the antitoxins is closely related to a discussion of the properties of agglutinins, precipitins and bacteriolysins; in a word, immunity and Ehrlich's side-chain theory which seeks to explain the action of these bodies. Ideas relating to the phenomena of immunity are in a transitional state, constantly undergoing modification. The terminology used in explaining the phenomena of immunity is exceedingly complicated, owing chiefly to the inability of workers in this field to interpret the reactions occurring between toxin and antitoxin, the structural movements and mutual relationship of these bodies in terms of chemistry and physics. It may be of interest to state

that Arrhenius, the noted chemist of Stockholm, claims to have demonstrated in his investigations with tetanolyisin, that the same laws govern the reactions occurring between toxin and antitoxin as occur in ordinary chemical reactions. The law of mass action by which is meant that the rate or velocity of a chemical reaction is proportional to the concentration of the substances reacting, is said to prevail here as in other reactions. But as we are chiefly concerned with the application of antitoxins to the cure of disease, it is sufficient to remark in passing that although there is still some opposition to their use, the preponderance of evidence is in favor of the use of those antitoxins which have been most completely developed, namely, the antitoxic sera of tetanus and diphtheria.

The legitimate end of bacteriology as related to medicine is the prevention or cure of disease. Thus far the practical utility of all this work has been chiefly in the line of prophylaxis. The general statement is now made by preventive medicine that all infectious diseases are preventable diseases. After recognizing the infectious nature of diseases and their mode of distribution their spread is effectively checked by disinfection and quarantine. The benefits which have accrued to surgery through antiseptic and especially aseptic precautions are so obvious as to require no comment. To appreciate fully the advantages of aseptic methods one has but to review the history of surgery in the pre-antiseptic era with its long record of pus, gangrene and sepsis, entailing as they did a frightful mortality. But aside from suggesting prophylactic measures and in some instances being a valuable aid in diagnosis, the usefulness of bacteriological investigations and experimentation to the internist is very limited indeed. Even if it is conceded that the antitoxins of diphtheria and tetanus are absolute specifics in curing these diseases, there yet remains a long list of infectious diseases for which no curative sera have been forthcoming. With the exception of diphtheria and tetanus it has thus far been impossible to separate toxins from cultures of the pathogenic bacteria with which to make immunizing injections, so that the productions of curative sera for all of the infectious diseases now seems only a very remote possibility. Even though the exciting cause of an infectious disease is definitely known, the treatment in the present state of therapeutics is necessarily symptomatic. Of what benefit is it from a therapeutic view-point to know that typhoid fever is caused by the bacillus typhosus of Eberth, or that the diverse clinical types of tuberculosis are but the varied expressions of invasion by the tubercle bacillus? These diseases are especially mentioned because they are the chief ones of bacterial origin in which treatment has been directed to the removal of the exciting cause. But those who advocated this form of treatment soon found that remedies powerful enough to exert a germicidal effect were also harmful to the patient; hence the practical abandonment of this line of treatment. Intestinal antiseptics are no longer in vogue in the treatment of typhoid fever, and

the bacteriolytic activity of normal blood serum is now recognized as being of more importance in the treatment of pulmonary tuberculosis than the germicides of the chemical laboratory which are usually given at the expense of digestion and nutrition. In the absence then of a rational causal treatment the treatment of the infections is necessarily symptomatic. This being true, we must continue to insist on the necessity of recognizing symptomatic variations and of individualizing the treatment.

In conclusion it may be said that it is not mandatory for one who practices specific medication to maintain an attitude of hostility toward bacteriology or to be abnormally incredulous in admitting evidence from this field of investigation. The incomplete, fragmentary evidence adduced in the argument of the opponents of the germ theory has in no way refuted the fundamental facts of bacteriology, but a redeeming feature of the animadversions sometimes cast at the germ theory by its detractors has been a restraining, leavening influence on the assertions of certain over-zealous enthusiasts whose statements have at times bordered closely on the absurd and ridiculous. Many points in bacteriology are still obscure, fact and theory not always clearly delimited, and the opinions of bacteriologists are frequently at variance, yet when the germ theory is considered in its entirety the overwhelming burden of evidence forces one to believe that the central idea of a *contagium vivum* is correct. But there is no immediate danger of the great work which has been done by the Eclectic school in the development of its *Materia Medica* being abrogated by serum therapy. With the possible exceptions of diphtheria and tetanus the treatment of disease with antitoxic sera is entirely experimental. Even if curative sera were found for all of the acute infections, which now seems highly improbable, there would yet remain a long list of autogenous affections with which this form of treatment can not rationally be connected. And in a general way it may be said that recent developments in the field of bacteriological experimentation and the study of immunity have sustained rather than controverted what has long been a central principle of the Eclectic practice — *vires vitales sustinete*. The study of bacteriolysins has especially opened the way for a proper appreciation of the resistive powers of nature, and engendered a more wholesome respect for those illy defined, defensive, reparative and recuperative forces which we term the *vis medicatrix naturæ*. But some still find it impossible to reconcile the teachings of bacteriology with the practice of specific medication, apparently believing that bacteriology and Eclecticism are irreconcilably incongruous. For those who hold that belief the observance of aseptic precautions in saving their surgical patients from the deleterious effects of pus and sepsis, the rigid observance of asepsis in obstetrics to reduce to a minimum the terrors of child bed fever, the practice of disinfection and quarantine to protect the community from possible decimation by

the infections, and the early examination of the sputum for the tubercle bacillus in cases of suspected phthisis, would seemingly be commendable expressions of apostasy.

The following conclusions may be drawn from this imperfect review of the subject.

1. The germ theory is not a question of schools; whether or not bacteria are factors concerned in pathogeny—essentially a question of protoplasmic relationship—is no more properly a matter to be relegated to sectarian controversy for its decision than, for instance, a morphological fact in anatomy or the mechanism of labor in a given obstetrical problem.

2. For many years the best efforts of scientific investigators in many lands have been directed to the elucidation of the various phases of the germ theory, and it is now accepted by scientists generally; it is impossible, without appearing ridiculous, to assert (unadvisedly) that there is nothing in the germ theory.

3. Laboratory and clinical investigation must finally decide the truth or falsity of the germ theory; the voice of self-constituted authority has little place in the decision of this question.

4. Serum therapy is practically limited to the antitoxic sera of diphtheria and tetanus; the antibodies of other infections have not been developed satisfactorily owing to the present paucity of knowledge concerning the nature of intracellular toxins.

5. Bacteriology is no exception to the general rule that few things are perfect in their inception; many points are still obscure and the opinions of bacteriologists are frequently at variance—a state of affairs which the recondite nature of the subject would lead one to anticipate.

6. The claims of laboratory investigators have in many instances been confirmed by clinical experience; the proof in support of the germ theory is physical, tangible, and the assertion that bacteria, under certain conditions, are factors concerned in pathogenesis is not a mere conjectural assumption, but seemingly a well intrenched truth, which cannot conscientiously be ignored or dismissed with indifference.

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#### TREATMENT OF TYPHOID FEVER.

By W. L. Leister, M. D., Rogers, Ark.

**C**ALLED in the initiative, we diagnose typhoid fever by the dorsal and crural aching; thermal range of 100° morning, or 102 3-5° evening. Slight epigastric soreness, tongue almost normal as to size and shape, but thus early coated from base to near tip and edges with light pasty fur; margin of tongue usually slightly reddened and papillated. Generally abolition of appetite, but in some cases an erratic desire for indigestible food—this about the 3rd or 4th day. Intense thirst is not a certain concomitant in typhoid. As the disease progresses the precordial soreness becomes intensified and a like condi-

tion has developed in right iliac region which spreads over peritoneal confines. A pressing down of the right or left iliacal tissues at this juncture imparts to the fingers the sensation, and sometimes the sound, of the creaking of dry wood shavings. Peritoneal involvement is now positive. Intestinal constipation which perhaps prevailed up to, or longer, than 5th or 6th day, gives way on the exhibition of a purgative to the opposite condition—diarrhea, which soon assumes a colliquative phase, and remains a troublesome factor to declension.

The liver, spleen, pancreas and kidneys, seem to remain, so to say, like passive spectators during the disease, only occasionally entering upon a marked pathological intensiveness. It is superfluous to pursue the rehearsal of the various symptoms which spring from organic wrong or from blood depravation; this so, whether it be the noting of a quick tense pulse, slight or increased bronchial involvement, little or no perspiration, stupor and delirium, signs of incipient putrescency, hemorrhages, etc. Nor is it deemed pertinent to the disease under review to argue the supposed cause of involvement of the follicles of Peyer. Septicity is plainly evident as chief promoter in typhoid. As this main factor assumes greater or lesser prominence so in like proportion do all the phases rehearsed.

The proper treatment of the disease under consideration is of larger consequence. Called to a case whose symptoms portend contagion, we will at once look sharply to the cleansing and purifying of the skin, scalp and all; the cleansing of the alimentary canal; an emetic if ingesta be in evidence; a saline or neutral laxative, or to be pushed to actual catharsis according to the needs of the individual case. Satisfied that the *primæ viæ* is clear, the physician is ready for the introduction of antiseptics. Whilst it is usually an easy matter to select the proper one or more to fit the individual case, that is, in the initiatory, further along in the disease it is a more difficult matter. Thus, the acetate of potassium or the phosphate of sodium would likely be called for at the outset. As the case progresses these will want to be replaced. The bluish red tongue—rather full tissues yet pinched. This feature portends want of venous capillary circulation,—a heavy blood imperfectly oxygenized. The *baptisia tinctoria* is especially useful in the above pathologic state. It imparts energy to the secretory and excretory organs through its enlivening influence upon brain and spinal nerves. It exerts some antiseptic influence and commensurate with all these it lessens temperature by the removal of fuel.

The fiery red tongue tells the story of undue rapidity of oxygenation—the burning out of the tissues. Septic material is in some way exciting efferent nerve matter, thus dilating blood vessels. Pathologists have tried to establish the point that excessive alkalinity was then prevailing. Whether or not this proposition be true, the nitric acid has not, in the writer's hands, met the condition, unless it be reinforced by brain and blood-vessel stimulants, such as small doses of

gelsemium, aconite, ipeca, rhus. The symptom points the fact of intense gastro-enteric irritation.

The deep red tongue is seldom if ever observed except that it supersede the bright red tongue. The meaning is that the blood is becoming heavily charged not only with effete matter, but lacks oxygen. It is the advanced pathologic condition beyond that shown by the bright red tongue. Muriatic acid is in repute with many, but admitting special advantage from its use, other agents—helpers—must be brought to bear, else auto-infection from blood depravation will spoil the case.

The slick red tongue, sides of dorsum smeared with glairy, or with opaque mucus, is a feature of sepsis. It is a shade between the nitric and the muriatic acid tongue, hard to describe and harder to assign, yet it is easy to differentiate. The dilute sulphurous acid will exert a favorable influence.

Carbolic acid, drops 5 to 8, water a quart or more. This thrown into the rectum every evening to wash away typhoid products—dead bacillæ, debris, etc. The application lessens the frequency of colliquative discharge, and by absorption and revulsion lowers the temperature. We have about abandoned the practice of giving sedatives in typhoid fever. As is the amount of septic producing agency and resultant ulcerative surface, also the amount of blood depravation, so is the exaltation of temperature. Then why not be rational and instead of combating a symptom, the physician would better direct his efforts to the correcting of the local lesion and all general lesions growing out of the local.

The sponge bath at evening will remove heat, lessen peripheral irritability and conduce to sleep. If a local application to the abdominal globe be thought advisable, use the following: Spts. turpentine 3ij, oil cloves 3ij, oil olive 3vss. M. Complications are to be met as they may present. Thus, dyspnea, sighing, etc., will want strophanthus, strychnine. A degree of paralysis of pneumogastrics is cause of broken cardiac and pectoral rhythm and force. The food often most applicable will be sterilized milk, with or without pure spirits, or egg, or both. Pure ice cream is admissible, and is grateful to the patient. Do not "fuss" over your typhoid case. Do nothing reckless with a view to lessening the temperature. The high thermal range is not the disease. When doctors learn to leave off worrying over temperature and address themselves intelligently to the subduing of the cause of increased heat, they will have made advancement in the handling of septic diseases.

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#### SEXUAL IMPOTENCE.

By C. D. R. Kirk, M. D., Shuqualak, Miss.

CASE 1.—A Negro man of herculean strength, about 45 and well in every particular except sexual impotence. He is a ditcher by trade, working on contracts requiring several months to complete. He

lives alone near his work, and does his own cooking; can eat and digest the strongest, coarsest food. Sees no one but his employer. All goes well with him until his work is completed; then, visiting his old haunts and attempting coitus, he is suddenly bathed in a copious perspiration, his heart thumps audibly, he has dyspnea and all other symptoms of genuine fright, though he is not in the least frightened, all culminating in, as he says, an awful flat failure.

I prescribed Lloyd's hydrastis, nux vomica, and tincture iodine, in equal parts, beginning with five drops and gradually increasing to twenty drops. I told him to quit his work and live with the women. In a week or ten days he gets the other extreme.

CASE 2.—A "colored gemman," and like the preceding, in best of health. His business is cutting and hauling railroad cross-ties. He has a family and takes exercise of all sorts, but when he attempts coitus he goes into great apparent fright. He has a full, lead-colored tongue, and lives principally on fat hog meat. I gave him a weak solution of iodide of potash, and directed him to omit his meat diet. In a week or ten days he was Richard again.

CASE 3.—Male, a negro, has a family, lives at home, a farmer, is temperate, he says, in every particular, and would be all right if it was not for "dem bad spells of sweating and heart thumping when he sleeps wid de ole woman." His tongue is a full, deep rose color, which means too much heavy diet and not enough fluids, and therefore I ordered him to omit meat, only for breakfast, and take a powder compounded of cream tartar and pulv. cinnamon, ground well together, and cautioned him not to take more than would lie on a nickel, and be sure to take it in a full goblet of water while eating. My directions were followed to the letter. The powder acted on his kidneys finely and all goes well with him.

CASE 4.—A good temperate gentleman, all O. K. except the same narration of impotence. He is a merchant, eats well, sleeps well, has always been temperate and moral. He has been partially impotent for fifteen to twenty years, during which time he has run the gauntlet of M. D.'s, clap doctors, specialists, etc. He states that when about 25 he discovered that his sexual desires had taken French leave of him, and although he had lost no time in procuring remedies, he was not in the least benefited, but finally, in the course of two or three years, he suddenly found himself restored, and continued all right for twenty or thirty years; but now he is gradually weakening again. He had an internal hemorrhoidal tumor that had changed but little, if any, and also had noticed a slight discharge preceding his urine—prostatorrhœa—most every morning, and on defecating when costive, and added, "But these have I observed from my youth up." He was on his feet most of the time, besides he took buggy or horseback rides nearly every day. He had some indigestion after eating, most after supper, but taking him altogether he had very few indications of disease.



This case was a "stumper;" however, I gave him the preceding cream tartar and cinnamon placebo, the intention of which was to insure his taking a full amount of fluids while eating, and began a most thorough study of his case, finally arriving at the conclusion that he did not exercise his arms and legs properly, and therefore prescribed a two thousand yard walk morning and evening, making about eight thousand yards a day. He should step a yard each step, and swing his arms to suit his steps, and to go rain or shine, and if he could, walk on a railroad where there was a good deal of uneven spacing between the ties, so as to give him a thorough shaking up, it would be better for him. In a week he was relieved to a great extent, and thought he would eventually be restored to health.

CASE 5.—This is an old bachelor, 45, the worst distressed man I have seen; same old story of fright, etc. No disease; "has spells of headache." After treating him some time I arrived at the conclusion that he was eating too much bacon and drinking too much coffee, and added to this was an occasional drink of blind tiger whisky. But to quit these habits, especially coffee and tobacco—"Oh, I just can't think of it—it would kill me." It will suffice to say that he is now taking "regular medicine by the pint, and all the good there is in it is that he pays the doctor."

CASE 6.—A married woman who had "no use for her husband." Was well in every way except that her menses were scant. I gave her a small pill three times a day of subcarb. iron, aloes, and trace of podophyllin. This was reinforced with: R—Sp. macrotys, ʒij; sp. pulsatilla, ʒss; aqua, ʒiv. Sig. Teaspoonful every four or five hours until menstruation is free and easy, beginning four or five days before menstrual period. This was entirely successful.

CASE 7.—A young man had "lost his courage." He was nauseated frequently through the day; no other disease; had a full, heavily coated tongue, yellowish white. I gave him podophyllin, hydrastis, extract menispermum, and tag alder, until his bowels acted freely, then a dose after eating, which gave him relief.

The reader will observe that I have gone shy of all stimulants for the nerve centers and reputed aphrodisiacs, and instead have hunted the patient's extremes of habits and life—the cause—and removed this, and at the same time gave remedies for any dyscrasia that was discovered. A wrong of the extremities is as potent as is that of the brain or spinal cord. After treating people for other wrongs I am often informed that I not only cured the chronic ailment, but had also restored them to sexual health—something that had not been mentioned in describing the disease.

## PARISIAN MEDICAL CHIT-CHAT.

Translated by T. C. Minor, M. D., Cincinnati, O.

DUCLAUX.—*Peter and the Clinics.—The School of Lyons—Tuberculosis. Robin and Kelsch. Black and Red Heads. Doctor Lovers.*

To-day there is mourning in the camp of the Microbians, and their flag is half mast—Thanatos carried off into the sad shades of evening, as the ancient classical poets were wont to say,

“Far beyond the misty borders of the Styx,”

where the asphodel is discolored like the ghastly face of the dead. Perhaps one may yet hear a few discordant notes from the earth—faint praises mingled with regrets—perfumed incense that arises in vapors to afford convolutions. However this may be, despite all, the Microbians still struggle against the very ideas that once sustained them, and it becomes a sad duty to address any expression of respect to their memory. Duclaux was a writer, like Roux, like Mentschikoff, like Gevrin, like all the other followers of Pasteur and his humbug medical institute, a great unfortunate worker, but still a worker from a commercial standpoint. Duclaux was a medical Benedictine, passing his days and nights in the study of false texts, so as to interpret foolish legends; a Pastorian evangelist, self tortured, inventing fallacies, interpolating falsehood with the truth, suiting his dogmas to meet the apprehension of the public press that lives like a booby off all these advertised Pasteur medicines, these measures that kill rather than cure.

Duclaux leaves behind him as a principal work, a volume on microbiology, the value of which decreases from day to day, never at its best being much; yet he enjoyed the temporary glory that comes to all the false prophets of modern medicine, the propagators of false ideas. He was one of that numerous army of alleged scientists that alarm the public by so-called germs, that are all co-existent with the origin of creation and nothing new. He was one of the terror propagators that believe that medicine can only co-exist with a public fear of microbes. What is all sanitation but cleanliness, public cleanliness? It is a high-favored rogue who goes around preaching microbial doctrines and extolling sero-therapy. The serum processes fortunately are growing fewer, and it requires consummate gall and no conscience, in their later day development, to laud the praise of organo-therapy.

But speaking of serums, one thing can be said to Duclaux's credit, *he never invented a serum*, nor was he always ridiculous like many of the asinine disciples of Pasteur. He was not a murderer like Gersin, or a fool like Calmack, the inventor of serums against cobra bites, that are ever cured by nuxvomica; nor was he a grand rascal, like the fakir Metschikoff, with the elixir of life, warranted to cure old age. He was no money grabber in the same sense as Roux; so may his soul rest in peace, and may the violets bloom over the sod that covers

his body. His praises have been duly rung by the public press that deplores his loss. A large concourse of his admirers followed his remains. He had the satisfaction, if his spirit was permitted to hover around, of knowing that a large crowd went to his funeral, and perhaps reflected in the language of Solomon, "*Vanitas, vanitatum, vanitas.*"

It is the eloquent but vindictive Boucher who chants this requiem over Duclaux in the *Journal de Medicine, de Paris*. Surely these French are good lovers and fine brokers; but it would have been better to tell the truth than lie, at the grave of the departed. After all, Hippocrates and Galen will be honored long after Pasteur and the microbian school are forgotten. In 1880, that great clinician, Peter, remarked: "We are in experimental days when the laboratory is endeavoring to take the place of the clinic, and seek the secret of therapeutics from a helpless guinea-pig. This excess of bacteriology will surely upset for a time all true clinical observation."

Foolish hospital experimentalisms conducted at the expense of the poor of the laboring classes—a laborious and inhumane method—has had its sad and murderous day. The school at Lyons has instituted a very useful institute of science. The pupils of the third and fourth year are all put through their paces. What do you say to this? Listen, my well beloved confreres. Under the directions of Professor Courmont, the following work is undertaken: Chemical analysis, bacteriology, investigations on the Eberth bacillus, the coli bacillus, the choleraic vibrione, etc.; the water, mosquitoes, hematocytes, anopheles, trypanosomes, etc.; the study of ventilation, heating, cooking, experimental toxicity, alcohols, essences, animal tuberculosis; analysis of flour, urine, milk, etc. These poor devils of medical students! they will have no time to go to the hospital clinic to study disease; they must study the spider, the fly, and the mosquito, that learned (?) regular medical professors, gentlemen worthy of the learned academy, lay down. Heaven save the addled brain of these professors, who have all the pre paralytic microbo-mania of alleged microbian savants. Behold some young medical student with talent for micrography, some chemist, some fellow with a real talent for medicine! He is bewildered, and they propose to turn this kind of doctors loose on the general public. God help the hospital poor! To have a diploma at the present day in Europe—at least experimental hospital Europe—means a license to kill. Happily the real physicians of the medical world have awakened to the fact that experimental medicine is murderous. Robin and Kelsch have entered a strong protest, apropos to consumption, making statements as physicians and not as bacteriologists, the latter the humbugs who delude the terrified public with false conceptions as to the contagious nature of phthisis. Robin and Kelsch, great names in modern medicine, stand out boldly and strongly against the charlatanism that pervades health departments and official medicine. Wherever you find charlatans in

health departments, you will find a credulous public influenced by mere public press assertions.

"It takes asses to make the world," remarked Rabelais. Such are usually found in government departments, whose officers never practiced private medicine, and whose knowledge of disease is limited to what they do not know.

No one cares to assail the microbe, but the microbe is and ever will be, harmless, no matter where found, if it has no soil to live on. Prof. Robin was the first to victoriously establish the fact that the discovery of the famous discovery of Koch would knock out all clinical medication, and replace pure medicines by humbug antiseptic treatment. He knew that the alleged microbe was full of deception; for when one kills the microbe one was very sure to kill the patient at the same moment. My noble confrere, one nip at Kentucky Bourbon, will destroy every Koch bacillus in the human organism—that is, the Bourbon now manufactured, which is Cologne spirits with caramel coloring, warranted to slay the microbe—and the patient. One thing has certainly been proved by Robin, i. e., the bacillus of Koch is impotent on a soil where it cannot prosper.

Always the assailed and the assailer, water, food and the treatment? That known to our most remote ancestors, who were much superior, let us inform you, gentle reader, to the alleged professors who now speak from medical perches in our colleges. Dante puts into the mouth of Thomas some very beautiful words that one may meditate over: "The errors of the past serve as a lesson, so do not fear to tread more slowly."

Let us pass to the superior general of the army, Kelsch. He does not deny the contagion of consumption, but contends that phthisis is more often due to autoinfection than to contact. He avers that invasion of the body by a bacillus is altogether an insufficient cause of consumption. It is the weak and broken down recruits in the army who break down—the men who have been badly nourished, the men of unclean habits, the men who have never been self-disciplined, who break down with lung disease. Kelsch, with a long army experience of 35 years, claims that an increase of the army rations, the ventilation of and open air in barracks, will prevent consumption among troops without any regard to so called germs. In fact the prophylaxis of consumption is the development of physical vigor in man; the betterment of his sanitary surroundings and his social and hygienic conditions. Here the alleged bacillus is a very secondary consideration.

But all this will not prevent the Germans from seeking to attenuate the Koch bacillus by cultures on animals, Friedman experimented on turtles, and Herzog on frogs. Think, my gentle American reader, on the devastation wrought upon the diamond back terrapin, and the Mark Twain jumper. It takes the German to be scientific. God save us from his doctrines, or for that matter his antiseptic surgery.

One must prefer the English or American practice. We know two consumptive patients, one aged 84 years, the other 30 years, who continue living despite the Koch bacillus from time of its first discovery. in excellent health too, despite occasional attacks of lung hemorrhage. Both these cases have spit for years, and still continue to expectorate immense quantities of the alleged specific bacillus. We have seen the same bacillus in the sputum of perfectly healthy people too; so it proves nothing.

"Good doctors," said Rabelais, "give much time to the prophylactic or preventive art of medicine; so have no need of therapeutics nor medical curatives." Let us smile at these observations. So writes Dr. Lecuyer in the *Journal de Medicine de Paris*. Accept his views pleasantly if you will, or kick against them as befits your high and august medical judgment.

Doctor Parvin de la Touche, Medical Director of the Pharmacy at Rennes, has something to say of black heads and red heads. All the world knows the legend of the red headed girl and the white horse, Sandusky, Ohio, the largest fresh water fish market in the world (?) is the place of all places on earth where the legend of the red head girl and the white horse prevails. Strangers in this classic burg are usually taken in by this tradition. The bass fishermen from southern Ohio who seek the blue waters of Lake Erie all know how this red head tradition is kept up. The noble disciple of Isaak Walton stopping between train and boat at the Sloan House, when seated in a comfortable chair in this good hotel, saw a red head girl pass. Immediately some resident of Sandusky makes the startling proposition, "I will bet ten dollars that a white horse will pass here inside of two minutes." The stranger within Sandusky's gate, if he has sporting blood in his veins, takes the bet. Promptly inside or one minute a white horse turns the corner, and the fisherman within Sandusky's gate murmurs "I was a stranger and you took me in," gives up his X, and resigns himself to fate. As said before, Sandusky is the largest fresh water fish market in the world, and the disciple of Isaak meets a sucker. There is always a red head girl and a white horse around the corner of the Sloan House, awaiting the coming of the fisherman with biting tendencies from southern Ohio.

But what has all this to do with red heads? Our friend John Uri Lloyd once wrote on "Red Head," one of the best Kentucky stories we ever had the pleasure of reading. But what has fiction to do with science? This is a long digression—after an opinion—that may not be popular; there is a certain connection between black heads and red heads, in this sense, that fathers and mothers with hair of ebony have usually given birth to red headed babies, and that red haired parents, as a rule, have black haired children. There is often a complete lack of resemblance between the hair color of parents. Red heads are often the offspring of black haired parents. Look over your list, my dear medical confrere, and give us your experience in this

matter. The bibliographies on this subject are slight; yet we know that popular opinion holds good, no matter what learned anthropologists may hold. Here is a chance to study a question that is full of interest, especially as regards the problem of heredity and physical characteristics.

In many microscopical examinations of hair—in numerous medico-legal experiments—we find black and red hair in certain families. What is the histology? Can any medical brother give us any pertinent facts? To compare the different characteristics of hair—that is its microscopy—it is necessary to examine such specimens of hair by the light of at least 300 diameters. Canada balsam must be used along with glycerine, all of which makes the hair specimens very transparent. A condenser often serves to give a brighter light. The color of the hair is not only due to pigmentation, according to Koeliker (Koeliker's *Elements de Histologie Humaine*), but also to coloring matter in a state of solution that dyes the hair uniformly in the close epithelial cells that serve to form the basic substance of the cortical. In ordinary hair the color varies from the dark blonde to the deeper color. The hair by itself is only slightly colored by a diffuse tint, varying from light yellow to pale straw color, but ever of a very transparent tint. On the contrary, in red and black hair, and even in dark brown hair, the colors seem identical; the deep coloration, more or less pronounced, is either red or has a decided tendency to that coloration; the epithelial cellules appear less black than they really are, while black particles even isolated serve to make up the pigmentous mass.

*The Gazette Medicale de Paris* of June 18, 1904, publishes a review of Doctor Decori's work, published at Brussels, on the love affair of George Sand and Alfred de Musset; also of how Dr. Pietro Pagello, of Bellona, Italy, supplanted the former in the love of George Sand. Drs. Bandvin and Cifener have both published histories of the love affairs of the great French authoress with both De Musset and Doctor Pagello. It will be remembered that only lately in the retreat of his old age Dr. Pagello consented to an interview on the subject; that was shortly before his death. Doctors Cabenes and Manston have thrown much light on this amour by the publication of heretofore unpublished love letters.

"I shall say nothing to thee about Dr. Pagello," wrote George Sand to Albert de Musset; "it would only make me weep like thou hast done." And De Musset replied: "I love thee, while ever another man thou lovest, and meantime rest easy. My only friend, I have been thy executioner, but God be praised, thou art still beautiful and young; thou canst go forth under the purest light of the stars, resting on the heart of a man wholly worthy of thee. He is brave and young; tell him I love him too, but that I cannot restrain my tears when thinking of this affair. I have two good friends in you, and know they must be happy."

Certainly we have here a most curious state of affairs. De Musset had no physical jealousy. He left Venice and went back to Paris. "Say to Doctor Pagello," he writes, "that I thank him for loving and watching over thee. Is it not ridiculous, this sentiment? Yet I love this boy medical lover of thine almost as much as thee."

A letter of Dr. Pagello, translated from the Italian, verifies what we have cited.

VENICE, June 15, 1834.

DEAR ALFRED MUSSET: We have not written to each other, because, perhaps, neither desired to write first. This, however, need not prevent a quick correspondence, since we are connected by sublime ties that are fully understood by us, while they may appear incomprehensible to others. I am happy to learn that thou art healthy now in body and strong in mind. You know as your doctor I have ever prognosticated thy good health, could thou but have the courage to oppose the temptations and disorders that are the companions of thy too lively disposition. When thou art surrounded by a dozen bottles of champagne, remember the gum arabic water I made thee take at the Hotel Daniel. Adieu, my good Albert; may you love me as well as I love thee and thine.

Your friend,

P. P.

The third series of love letters contained in this work bears as a title "Paris and Baden," 1834. All know the facts; the three friends of the "Romance of Venice" are now in Paris, where De Musset had returned several months previously; but George Sand had most unfortunately taken Doctor Pagello with her. Then a strange change is noticeable—a fourth spirit entered and seated himself like a phantom between the friends—there was jealousy. The three principal personages to this curious love drama were now tormented by jealous love, with all its tortures. So the love letters grew warmer. Love burns on every page. Here are some of the loud reproaches of desire. Dr. Pagello was jealous of De Musset. "I am wounded and irritated by your conduct," wrote George Sand to De Musset; "understandingly thou wouldst not understand all, the moment thou left me at Venice and placed thy foot on French soil." Musset, jealous of Dr. Pagello, writes: "Let him suffer as befits him. I trust he may suffer as I have suffered. I shall teach him his lesson. He has kindly acted in teaching me."

Finally, it appears that George Sand grew jealous of De Musset, at Baden, which was a notorious place full of temptations for susceptible males. This period of feminine sentimental agitation and jealousy ended as might have been expected. Doctor Pagello, highly incensed, returned to Italy ruined, after having passed eight months in Paris. But in the end George Sand opened her arms and took back De Musset.

The parting was a hell for all. De Musset had constant quarrels with George Sand, insisting that the Italian doctor should depart forever. But the sensible doctor in the end resumed his senses and departed, commencing a new and virtuous existence. He departed from the life of George Sand entirely, and when interviewed only a

few months since, a happy grandfather, had even forgotten the immortal French woman's name, only remembering his youthful love affair.

### CASES OF FRACTURE OF THE FEMUR.

By A. B. Young, M. D., Brownsville, Tenn.

SEVERAL interesting cases of fracture of the femur have come under my observation, some of which I will relate.

CASE 1.—Mrs. J. B. M., 72 years old. Some years ago, while several gentlemen and myself were standing in front of my office talking, this old lady came along, and she stepped into a hardware store in the building in front of which we were standing. When she came out she put her foot upon a large, flat goods-box, to tie her shoe and as she turned to walk away her skirt hung on a nail in the box, which tripped her and she fell on her left side, to the pavement. The box turned over from the pull which she gave it and a lot of rubbish, such as hoes, shovels, pitch-forks, and such other things usually seen in front of a hardware store, came down in a heap on top of her. I, with the other gentleman present, sprang to her assistance to relieve her from the perilous position. We raised her to her feet and I predicted from the painful expression of the face and the helpless condition of the left limb, that she had sustained an intra-capsular fracture of the neck of the femur on that side. We placed her in a buggy which chanced to be standing near by, and she was carried to her home, some two or three blocks away, and the family physician was called in. He pronounced the injury only a sprain of the ligaments and tendons of the hip joint, with a prognosis of hasty recovery and adopted the "do-nothing" plan. But my diagnosis and prediction of the case proved to be correct, as the old lady never walked another step on that limb, although she lived ten years after receiving the fall, and she had to be borne in an invalid's chair ever afterwards. There was also shortening of the leg and eversion of the foot on the injured side.

CASE 2.—Mr. H. T. M., age 69, on February 2nd last, while riding on a wagon load of hay, fell some eight or ten feet to the ground, striking on his left side and hip, the outer trochanter of the left thigh bone coming in contact with the handle of a pitch-fork lying on the ground. He received an extra capsular fracture, or fracture of the base of the neck of the femur, on the left side, there being impaction or interlocking of the fragments, with eversion of the foot. He refused to have any kind of dressing applied to the injured member, and contented himself with lying on his back with the leg extended and a ten pound weight fastened to his foot and suspended over the foot of the bed. This position he retained for about eight weeks, and in just two months from the time he received the injury he rode in a buggy four miles to town, and I met him walking on the street with crutches, in fairly good condition, bony union having taken place, but there was



considerable outward turning of the foot and one or more inches shortening. This is a remarkable case, in that not many such cases do as well, even with the best of treatment.

CASE 3.—Another very remarkable case, this time being one of compound, comminuted fracture of the femur. Miss Miriam H., 11 years old, a good many years ago, on the 9th of November, while gathering beech-nuts, had climbed almost to the top of a tall beech tree in her father's horse lot, in pursuit of the nuts. She stepped on a decayed limb which broke off even with the trunk of the tree and she was precipitated to the ground, 57 feet below. In passing downward through the thick branches of the tree, her scalp was almost torn from the skull and she received numerous other cuts and bruises, striking the ground on her left side. The thigh came in contact with a brick and the femur was broken at the middle third; the short end of the upper fragment was thrust through the muscular tissue, fascia and skin on the front of the thigh, and stuck into the ground. The bone was split and mutilated so, we were fearful that an amputation would be necessary to save the patient's life. However, I, being assisted by two physicians, cleaned the wounds and brought the scalp back to its proper place with a great number of sutures, and dressed the other cuts and bruises, using the necessary antiseptics, etc. After thoroughly cleansing the wound in the thigh made by the broken bone, and removing several pieces of bone that were split off the femur, adjusted the fracture and dressed the wound and placed the limb in the long splint dressing. The patient was kept in these dressings for eight weeks and everything possible was done for her relief and comfort. She made a rapid and complete recovery and she is now grown and married, and you cannot tell by her walk which leg was injured by the fall.

Another remarkable coincidence in connection with this case, is that it was the second case of fracture of the femur occurring in the family the same year her father having previously fallen from the top of his dwelling house where he had climbed to extinguish a fire. He fell a distance of 15 feet and sustained a fracture of the neck of the femur, extending partly without and partly within the capsular ligament. This accident occurred in the early spring, and yet Mr. H. was not able to walk on his injured leg when his daughter fell from the tree and had her leg broken, eight months afterwards.

In this gentleman's case was an instance of one walking after receiving a fracture of the neck of the femur. As stated, he fell 15 feet from the roof of his house to the ground, and alighted on his feet or knees, and immediately arose to his feet and walked to a stump, 15 or 20 feet away, where he sat down till he could be assisted into the house, when the doctor was summoned.

There was impaction of the fractured parts, which enabled him to use the leg immediately after the injury, although it was a year or more before he could walk on the injured member without crutches, and

one and a half inches of shortening of the broken leg, with enlargement of the bone from a superabundance of callus thrown out around the wound in promoting union of the fragments. The patient was 40 years old when the accident occurred and the long splint method was used in treating him.

#### CASE OF TETANUS WITH RECOVERY.

By R. R. Anderson, M. D., Buford, O.

WHILE working at his trade as carpenter, repairing an old barn, on June 2d, J. W. H. stepped on an old square-cut, rusty nail. The nail, after passing through the shoe and sock, entered the side of the foot, penetrating the flesh only about half an inch. The hemorrhage was slight, and being such an insignificant wound he paid little attention to it, merely washing it carelessly and applying turpentine, after which he resumed his labors.

The wound soon began healing and in four days was almost as well as if nothing had happened.

While at work about the 7th or 8th he began feeling badly, the muscles of the back and neck being a little stiff and sore, and his kidneys failing to secrete the usual quantity of urine. I prescribed macrotys for the soreness, and potassii acetat for the kidneys, which seemed to give relief. On the 10th he again visited my office with former symptoms increased, but as he had not informed me of any injury he had received, I did not suspect I was dealing with a case of tetanus, and therefore continued to prescribe for the symptoms as before, thinking the symptoms due to suppression of urine caused by a cold of which he complained.

He gradually grew worse until by the 12th it occurred to me that the symptoms were becoming quite characteristic of tetanus, and on inquiry I was told of the facts as above stated. I at once examined the wound, and with my bistoury I opened it thoroughly, and finding nothing of a foreign nature, applied turpentine and began to treat the case as one of traumatic tetanus. The muscular rigidity had increased until the jaws were slightly affected and slight spasmodic seizures were visible. All the symptoms grew worse until by the 13th trismus was present, and tonic spasms occurred upon the least exertion, or when the slightest noise disturbed the patient.

From this on, all the symptoms that are usually present in this disease were manifested, the contraction of the facial muscles producing the characteristic sardonic grin, the board-like hardness of the muscles of the abdomen and chest, the arched condition of the body during the spasm producing complete opisthotonos. Complete retention of urine required the use of the catheter several times a day. The bowels were also completely locked up, and perspiration was so profuse that it became necessary to remove all clothing frequently, so that he might be kept fairly comfortable. These symptoms continued with but little change until about the 30th of the month.

The treatment, which consisted of chloral hydrate combined with bromide of potassium to control the muscular rigidity and spasms, seemed to do no good except temporarily. On the 24th I called Dr. C. in consultation, and at his suggestion the treatment was changed to morphine, but after three days it was deemed best to resume the old treatment. Consciousness left him about the 13th, and did not return until the last days of the month. The temperature never went over 102°, and most of the time was from 99 to 100°.

The most favorable condition present was his never failing appetite. He took liquid foods in large quantities and at regular intervals during the entire time, feeding him through a quill, which was introduced into an opening where a tooth had been extracted, until the trismus was relieved so he could open his mouth.

As stated, all the bad symptoms began to abate by the last of the month of June, and by July 10th he was able to sit up a little, and by the first of August had made a complete recovery. In this report I have not gone into details concerning all the symptoms. I should mention that I was assisted by the counsel of Dr. E. of Sardinia, on the 14th, to whom I believe I owe much of the success of the treatment, although I firmly believe that had the patient not been a strong, rugged, and athletic subject, we would have had a death to report instead.

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#### FERMENTATIVE DYSPEPSIA.

By G. B. Murray, M. D., Greenwich, N. Y.

I HAVE been treating a case of fermentative dyspepsia for some time, and thought I would wait until the cure was certain and likely to be permanent before I wrote you, but as it is now four weeks since patient has taken anything in the shape of medicine, and has had no trouble whatever during that time (although rather careless about his diet), I thought it would be safe to inform you of one more victory for Glyco-Thymoline.

The patient, age 60, occupation farmer. As far back as he can remember he has had trouble with his stomach; heartburn, sour stomach, and enormous collections of gas in stomach and bowels. This is his own way of expressing his troubles. His condition when I first saw him was about as described above. The collections of gas in stomach and bowels were so enormous that he could scarcely ever lie down, but spent his nights in a sitting position. He was very much emaciated and completely discouraged, did not consider life worth living, and indeed had made several threats of suicide.

Well, it was not a very promising case for any physician to take, but in thinking it over I made up my mind that this would be a pretty good case in which to try Glyco-Thymoline internally, and so I agreed to take the case and do what I could for him. To begin with I regulated his diet, and then as he was very constipated, got hi

bowels to acting regularly, one evacuation every day. I then every other day washed out his stomach with one ounce of Glyco-Thymoline in a pint of tepid water and gave him a teaspoonful of Glyco-Thymoline in a tablespoonful of water before and after each meal, and directed him if he was much troubled with gas in the night to take another dose about midnight.

The change in this man's condition in one week was simply wonderful. All the unpleasant symptoms from which he had suffered so long were almost entirely relieved. The fermentation of the food and the resultant formation of gas was almost nil, and he began to think life worth living after all. He steadily improved day by day, and now as I said at first he has been four weeks without the Glyco-Thymoline, or any other medicine, and considers himself a perfectly well man, although he is still fairly careful about his diet, and from present appearances it only remains for me to modestly receive the heartfelt thanks of his long suffering wife whose life for years he has made a perfect *hades* upon earth, his own profuse thanks, and incidentally a little something on account, which by the way is not quite so profuse as the thanks.

Now this is almost my first experience with Glyco-Thymoline internally, but if I get as good results in all cases I shall certainly ask for nothing better in this class of cases, and if the patients do any kicking they will surely be hard to please.

### EXAMINATION QUESTIONS.

West Virginia Board of Examination, April 12-14, 1904.

#### ANATOMY.

1. How many muscles are double bellied? Name them.
2. What nerves are distributed to the tongue?
3. What are the *plueres*? What is the *mediastinum*, and what does it contain?
4. Name the varieties of motion in joints. What structures enter into the formation of joints?
5. Where and what is the femoral canal? Give boundaries. Name the coverings of femoral hernia.
6. State the principal relations of each of the three parts of the rectum.
7. What membranes envelope the brain? Name and describe the principal lobes and fissures of the cerebrum.
8. Name the bony prominences of the knee and the ligaments pertaining to the knee joint.
9. Where are the kidneys situated? Name the dimensions; enumerate their relations. Describe the hilum of the kidney; what does it contain?
10. Describe the popliteal artery. Give branches and distribution.

#### CHEMISTRY AND TOXICOLOGY.

1. Mention ten elements, giving symbol, atomic weight, and valency of each.
2. What is matter? How many changes does it undergo? Name them.
3. What is sulphur? How is it obtained? Give test for it.
4. Heat: how many kinds? Describe them.
5. Mention the different kinds of formulæ and define them.

6. Name the following formulæ and give dose of each:  $\text{KNO}_3$ ,  $\text{KClO}_3$ ,  $\text{Hg}_2$ ,  $\text{Cl}_2$ ,  $\text{HgCl}_2$ ,  $\text{CuSO}_4$ ,  $\text{PbSO}_4$ ,  $\text{H}_3\text{BO}_3$ .
7. Apomorphia: Formula. How obtained. Dose and use in medicine.
8. Chloroform: How made. Formula. Dose and use.
9. Give antidotes for the following poisons: Nature unknown, acids generally, common lye, acetate of lead, chloral, bromides, opium, strychnia, salts of copper, poisonous gases, iodine, arsenic, decayed meat and vegetables, alcohols.
10. In a specimen of urine, specific gravity of 1030, for what would you test? Give test. What disease would you suspect?

## PHYSIOLOGY.

1. What are the functions of the red corpuscles, and what is their relative number to the white corpuscles?
2. To what is the coagulation of the blood due, and how long after death does the blood coagulate in the body?
3. What is the difference between the right and left side of the heart?
4. Name the bloodvessels that nourish the heart, and state what peculiarity is found that does not exist in other bloodvessels of the body.
5. What glands have we in the stomach, and what do they secrete?
6. Give a reliable test for bile.
7. What is glycosuria—its etiology, prognosis, and treatment?
8. Name the special centers located in the medulla oblongata.
9. Describe the human ovaries (make a full-size drawing); state their function and the process of ovulation.
10. Where is the center for urination situated?
11. What acid is found in normal urine?

## ECLECTIC MATERIA MEDICA AND THERAPEUTICS.

1. Give dose of morphine, strychnine, atropine, hyoscine, cocaine, arsenious acid, acetanilid, sulphonal.
2. Give indications and properties of cimicifuga, ergot, pulsatilla, viburnum, and cannabis indica.
3. Explain action and principal uses of echinacea and thuja.
4. Write a prescription for six anodine rectal suppositories. Write a prescription for twelve powders containing phenacetine, citrate of caffeine, and bromide K. Write a prescription for a mild diuretic containing infusion of digitalis and pot. acetate. What is wrong with the following prescription? R—strychnine sul., gr. j; pot. iodide, ʒij; syrup sarsap. comp., ʒiij. M. Sig Teaspoonful t. i. d.
5. What agents would you use in hyperpyrexia? and give your treatment in full.
6. Would you use antitoxin in diphtheria? What is thyroid extract and for what used? What is adrenalin? Give some of its uses. How would you treat a bite from a rabid animal?

## PRACTICE OF MEDICINE.

1. Give diagnosis and treatment of acute rheumatism. What is the most dangerous complication?
2. What is stomatitis? Name the different forms and give the prognosis and treatment of each.
3. Give cause, diagnosis, and treatment of chorea.
4. Diagnose, give treatment and sequelæ of scarlatina.
5. Give diagnosis, prognosis, and treatment of acute Bright's disease.

## SURGERY.

1. Describe and treat a felon.
2. Describe and treat a frozen ear.
3. Describe and treat a case of facial paralysis.
4. What is lupus and its treatment?
5. What would you do for a strangulated hernia?
6. Define a fracture and the different kinds.

7. What are the causes of iritis, and treatment?
8. What is ophthalmia neonatorum, and treatment?
9. Describe and treat a case of erysipelas from a scalp wound.
10. What would you advise for an epithelioma on the cheek? On the lip?

#### BACTERIOLOGY.

1. Describe briefly the organism of tetanus, diphtheria, erysipelas and tuberculosis.
2. Stain for tubercle bacilli? Describe the action of the bacillus upon the tissues.
3. Define a toxin and antitoxin. Explain the theory of disease, treatment of antitoxins.
4. Name and describe briefly the staphylococcus group.
5. Mention methods of sterilization of dressings, instruments and hands

#### OBSTETRICS AND GYNECOLOGY.

1. Give diagnosis, duration and hygiene of pregnancy.
2. Name the different presentations of the vertex. Give the most common one.
3. Asphyxia of the new-born—name the types and treat one of them.
4. Post-partum hemorrhage—give causes and treatment.
5. After-pains—give causes and treatment.
6. Lochia—its composition and color. How long does it last?
7. Pelvic peritonitis—give causes and treatment.
8. Ovarian tumor (cystic)—diagnose and describe operation.

#### HYGIENE.

1. Define hygiene.
2. Define grounds, construction of house, heat, ventilation, and outdoor toilet of sanitary country school house.
3. How should a person live who is infected with tuberculosis?
4. How would you construct a village as to houses, water supply, and disposal of sewerage?
5. What would you advise a person to do that fears pneumonia, rheumatism, nephritis, insomnia?

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## SETON HOSPITAL REPORTS.

PROF. L. E. RUSSELL, SURGEON.

**TUBERCULOSIS.**—It seems remarkable when one reflects on the different cases presented in a large clinic, that the majority are of a tubercular nature, presenting lesions of a severe condition to the various structures of the body.

It is the duty of the surgeon to extirpate tuberculous glands wherever manifest if possible, and in cases of broken down structure to drain freely, wash out the cavity with peroxide of hydrogen, pack with iodoform gauze immersed in a ten percent iodoform emulsion, and success will follow in a majority of all cases operated upon.

The unloading of an overwhelming invasion of tubercular debris, places the patient on the high road to recovery of health, and in most cases the patient finally becomes immune to recurring tubercular destruction.

The following cases will be of interest.

**CASE. 77**—Man aged 27 years, enormously enlarged cervical glands on the right side of neck, causing quite a deformity and distorting

and disabling the patient, so that the head was turned sidewise and fixed.

The patient had a high temperature, with night sweats, loss of appetite and flesh.

After the preparatory treatment for the operation, chloroform was administered, an incision was made along the anterior border of the sterno-cleido-mastoid muscle and through this wound nearly all of the glands to the extent of a pint were removed.

The wound was packed with Iodoform gauze, sutured by the intra-dermic method to near the inferior border, at which point the gauze protruded to act as drainage, and to remain for three days to thoroughly iodoformize the wound. The patient made a speedy recovery, and at the expiration of a week the temperature was normal, night sweats subsided and he returned home.

CASE 78.—Little boy 10 years of age, son of one of our physicians in Butler County was presented to clinic for removal of tubercular glands, on right side of neck. This little boy was surely doomed on account of the extensive tubercular glands. In the dissection, all the superficial and deep glands of the right side of neck were removed, exposing the large blood vessels and trachea. There was a double handful of glands of all sizes. The patient made a speedy recovery and soon returned with his father to the home in the country.

Many cases could be reported from this clinic with good results attained, following the unloading of the tubercular material massed in available regions amenable to surgical interference.

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## EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

### THE PHARYNX IN THE EXANTHEMATA AND OTHER FEBRILE DISEASES.

CHICKEN POX.—In severe cases, when the eruption is considerable, there is often pharyngeal complications, although the hard and soft palate are most affected. Flaccid vesicles which have a surrounding area of hyperemia are usually found. The epithelial surface of the vesicles rapidly desquamate, leaving excoriations. The lymphatics of the neck may be swollen and tender, and there is usually considerable pain in the throat.

ERYSIPELAS.—This may be primary or secondary. The tissues swollen, livid, red and shining, with the formation of vesicles varying in size from a pin-head to one half inch in diameter, which leave a gangrenous area, comprises the pharyngeal phenomena. In epidemic erysipelatous fever, usually called "black tongue," not only the pharynx but also the larynx may become involved. If the pharyngeal lesion is secondary, it may be by extension from the cuticle through

the mouth, nose, or even the ears, or by metastasis from the integument to the mucous tissues. The systemic disturbances are most persistent.

*Symptoms.*—Difficulty in swallowing and a sharp pain in the throat are usually the first symptoms. After efflorescence occurs the fever often decreases, again increasing with another crop of vesicles. The vesicles may contain serum, pus, or blood. Gangrenous spots may form. The disease may extend to the accessory sinuses, tonsils, and middle ear. Erysipelas of the pharynx may be a complication of small-pox or almost any febrile disease.

*Prognosis.*—Guarded, as by extension it may terminate fatally.

*GOUT.*—Pharyngeal and laryngeal inflammatory phenomena, the result of the systemic disease may occur. The throat symptoms may precede or follow the actual attack. There are no distinctive appearances, the diagnosis depending largely upon the previous history. The pain usually is sharp and more or less constant.

*INFLUENZA (La Grippe).*—An acute catarrhal condition of the pharyngeal tissue is usually present. The nasal and naso-pharyngeal tissues are almost always affected. There is a decided tendency to a chronic type. Ulcerative processes may occur, and a croupous exudate on the tonsils and posterior pharyngeal wall has been seen. The pain may be severe.

*INTERMITTENT FEVER.*—The entire respiratory tract may have, as a result of changes in the blood, an irritative inflammation. There may be coryza, and paralysis of the muscles of deglutition has been observed. In the pharynx a burning pain is sometimes complained of. A subacute pharyngitis or enlargement of the tonsils may occur.

*MEASLES.*—The catarrhal inflammation of measles is most marked on the laryngeal and bronchial tissues, but there is a characteristic appearance of the mucous membrane of the fauces, palate, uvula, and pharynx. There may be diffuse redness, or a blotchy or punctate rash, which may appear with or precede the cutaneous manifestation. The middle ear may be involved through extension of the inflammatory process through the Eustachian tube.

*SCARLET FEVER.*—In this disease throat symptoms are probably always present, the severity depending on the variety of the disease.

According to Dr. R. L. Thomas, the throat lesions are of three types. In the simple form there is redness of the fauces, tonsils, tonsillar follicles, velum, and pharynx, and a sensation of obstruction in the throat. In the anginosa form all the tissues are a vivid red, and there is considerable swelling of the structures, the sensation of an obstructive condition of the throat being marked. There is considerable induration and often a follicular tonsillitis. Soreness is present from the onset of the disease, and deglutition is painful and difficult. The secretion from the mucous follicles and salivary glands is excessively viscid and tenacious. Occasionally ulceration may begin on the fifth or sixth day, the secretion being difficult of removal and very



offensive. The ulcers may become phagedenic in character, the disease then being rapidly fatal. The cervical glands may be enlarged, and if neglected inflame and suppurate.

In scarlatina maligna the third form is found, which is sometimes called membranous angina. The throat at first is dry and tumid, soon showing a dirty moist exudate; the deeper tissues become infiltrated, and the inflammation is extreme. The submaxillary glands are swollen as well as the cervical. Foul phagedenic ulcers are found in the pharynx. Suppuration of the cervical glands ensues, and a disgusting pultaceous abscess results.

The latter form, when it occurs early, or even later than the fifth or sixth day, is ascribed to the Klebs-Loeffler bacillus, a true diphtheritic type, or to streptococci, or different forms of micrococci. The general appearance is suggestive of diphtheria.

Any of these types may by extension involve the Eustachian tubes and middle ear, causing a suppurative otitis media. Deafness from inner ear complications is not infrequent, although in what manner the infection causes labyrinthine disease is unknown.

**SMALL-POX.**—Pharyngeal manifestations may be observed during either the stage of infection or occasionally the incubation period. It may be a dusky appearance of the mucous membrane, or a catarrhal inflammation with swelling of contiguous tissues. Occasionally there is lymphatic involvement. Ecchymoses and membranous exudation in the pharynx may appear before the cutaneous eruption in hemorrhagic small-pox. Usually the eruption in the throat appears after the cutaneous eruption. If a pseudo-membrane forms in the throat there will be intense pain and difficult deglutition.

Complications and sequelæ: Infectious inflammation of the parotid and other glandular structures, abscess of the larynx, and often purulent otitis media.

**TYPHOID FEVER.**—As is to be expected, pharyngeal and laryngeal affections are comparatively frequent in this disease, especially laryngeal. It may be a catarrhal, croupous, follicular, ulcerative, or diphtheritic and aphthous pharyngeal inflammation. In the early stages there is often dryness of the throat, making the effort to swallow more or less difficult. Later the difficulty in swallowing may be simply a nervous condition, especially in children. The pharyngeal, faucial, lingual, and tonsillar follicles may be affected coincidentally with the intestinal glandular involvement. Infrequently there may be so much infection that the terms tonsillo-typhoid or pharyngo-typhoid may be used.

Bone and cartilage necrosis or abscess formation, as a result of the lowered vitality, is most to be expected, and the most serious lesions are oftener laryngeal than pharyngeal.

**TYPHUS FEVER.**—The pharyngeal mucous membrane and buccal mucosa are usually involved. The color is a dusky red, injected, and the mucous follicles enlarged, containing puriform material, or puri-

form areas may occur in the areolar tissue of the posterior pharyngeal wall. A viscid mucus or flakes of pseudo-membranous exudate may cover the mucous membrane. There may be difficulty in swallowing. Unless infection occurs, suppuration or ulceration is infrequent.

**VARIOLOID.**—Usually not much involvement of the pharynx. In some cases, however, there may be hoarseness and difficulty in swallowing.

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#### ARTIFICIAL MEMBRANA TYMPANI.

Politzer has suggested cutting a piece from a rubber tube two or three m. m. thick and one c. m. long and mounting on a stout piece of wire. This is said to be effective in many cases and so cheap that it can be used by dispensary cases. Another rubber device is to insert a tube of vulcanite as long as the canal with the end cut square or obliquely, so as to rest against the remnant of the membrane. Politzer says this is very effective in some cases. He also proposes, in case much of the membrane and all the bones except the foot plate of the stapes have been destroyed, to insert a stapes taken from a dead body and fastened to one of Toynbee's membranes, which is cut to fit securely into the perforation with the stapes resting against the oval window. The stapes and artificial membrane must be thoroughly sterilized by boiling before they are introduced.

No one substance or device seems to meet the requirements of all cases, but different ones must be tried until the best is found for a particular patient. The experience of Dr. C. H. Burnett, of Philadelphia, accords with mine, that the cotton pellet or a disk of sized paper will give the best results, one or the other proving satisfactory in all except a few special cases.

Toynbee's membrane either causes discomfort from the irritation of the canal by the wire, the troublesome crackling from movements of the jaws in eating, or from the rivet holding the rubber disk to the stem irritating the mucous membrane or the membrana tympani. The same has been true in a less degree of the rubber tube and the cotton pellet in the experience of the writer.

Many authors advise that patients be taught how to apply with forceps or a wire the pellet, as they do the rubber devices. The forceps are best, for then nothing is left to irritate the canal, a thread fastened to the pellet making it possible for the patient to withdraw the cotton when necessary. It is usually easier, however, for the patients to adjust the pellet for the best results with a wire stem or with Hassenstein's or Delstanche's instrument. Much depends upon the position of the cotton and its pressure, a very little change making a great difference in hearing obtained.

Where the discharge has ceased entirely, the pellet can be moistened with liquid vaseline or one of the bland petroleum oils. Politzer advises the use of one to ten of oleate of zinc and liquid vaseline, which I have not tried. These moist pellets are often comfortable when a

dry one causes irritation. They may, however, prove too stimulating and set up again a mild discharge, which can often be controlled by insufflating a layer of boracic acid into the cavity before putting in the pellet, which can be impregnated with boracic or salicylic acid.

While aurists generally from Dr. Yearsley\* to the present have advised the frequent removal of the pellet and its readjustment by the patient, beginning by using it only a few hours or during conversation, and in most cases only during the day, it has been my experience that this often defeats the *protective power* of an artificial membrane and destroys its stimulating effect in causing an exudation to be thrown out that results in closing the perforation in some cases. Not only will an artificial drumhead improve the hearing but it will cause a slight discharge to cease by protecting the mucous membrane and keeping it free from secretion.

An artificial membrane should be tried in all cases of present or past suppuration where a perforation remains in the atrium and where there is marked deafness on one or both sides. The size or shape of the perforation does not make much difference, equally good results being obtained in small as well as large defects. No case of deafness which has resulted in perforation should be dismissed until a number of artificial membranes have been tried, perhaps a number of times each and a careful test of the hearing made, especially for the voice, before and after the membrane is put in position. Only decreased hearing, tinnitus or pain should cause an abandonment, and then only after different appliances have been tried.

Although Politzer and others say that artificial drum membranes are contra-indicated in children except to ascertain whether they may be useful in future, the writer can see no reason why they cannot be successfully used after babyhood where there has been neglected suppuration and considerable alteration or destruction of the membrana tympani.

The improvement in the hearing depends largely upon the anatomical changes in the middle ear. It is not uncommon to have the hearing for the voice increased from three to four times. Politzer reports that he has seen the improvement so marked that those who could only make themselves understood by writing were able after artificial membranes were in place to hear sentences spoken into the ear, and in some cases to resume useful occupations.—H. D. SCHENK, M. D., *The Hom. Eye, Ear and Throat Jour.*

## PERISCOPE.

### Precautions against Injury from unsuccessful Attempts at Extraction of Foreign Bodies from the Ear.

Leutert (*Archiv. für Chrenheilkunde*) draws attention to the dangers attending the attempts at extraction of foreign bodies impacted in the external auditory canal when these efforts are made under the conditions of imperfect knowledge of the parts dealt with, the use of improper instruments, or the lack of proper illumination of the operative field.

A boy, aged four, had, several days previously, thrust a pea into the left ear. The physician who was called attempted to remove the foreign body by means of a hair pin and without the aid of proper illumination, ceasing his attempt only after causing both considerable pain and sufficient bleeding to obscure the field.

On examination the right ear was found to be normal both as to appearance and hearing power. The lining of the left auditory canal was much swollen, and in the meatus were blood and a trace of thin purulent discharge. On syringing with normal salt solution the fluid ran freely from the left nostril, and as symptoms of pain and fever were wanting, the ear was lightly bandaged and the patient told to return at the end of eight days unless unfavorable symptoms made an earlier visit advisable.

Eight days the swelling of canal had so far diminished as to make an inspection of the drumhead possible, and there was found a large perforation including almost the whole of the drumhead anterior to the malleus, which was in normal position. The presence of the foreign body was not determined. At the end of another week the further subsidence of the swelling in the canal revealed the perforation in its full extent and a rounded foreign body lying within the middle ear upon the tympanic floor. Attempts at removal by syringe failing, because the fluid, instead of returning, escaped through the Eustachian tube and nose, the auricle was reflected forward and the pea easily extracted by the blunt hook. The healing of the post-auricular wound was effected without incident, but treatment of the suppuration of the middle ear had to be subsequently continued.

From this and similar experiences, coupled with a review of the literature of the subject, the writer draws the following conclusions:

1. In all early cases, seen at first hand, the primary attempt at extraction should be made with the syringe, and should the first attempt fail, this treatment should be successively repeated, unless it is found that, in consequence of a perforation of the drumhead and escape of the fluid through the Eustachian tube, this measure is negatived.
2. When it has been definitely determined that removal of the foreign body by means of syringe is impossible, instrumental manipulation

may be restored to, but only under conditions of good illumination and with instruments which may be passed beyond the foreign body, between it and the canal wall without injury to the deeper seated parts. If instrumental manipulation is found to be ineffectual without danger to the soft parts, the auricle should be reflected forward and the body extracted.

3. In the event of previous attempts at extraction which have resulted in injury to and swelling of the canal walls, this swelling should be allowed to subside before further attempts at extraction are made. In case of symptoms demanding immediate interference and extraction, either through the lumen of the canal or post-aurally, this should be done under an anesthetic.—*Amer. Journ. Med. Sciences*, July, 1904.

[The above extract simply emphasizes a fact which we have long contended for before our association and which we learned by experience early in our practice. Experience is sometimes an expensive teacher, nevertheless it is a forcible one. Well do we remember years ago attempting to remove wheat grains from the auditory canal of a fidgety boy, by instrumental manipulation; which readily and quickly yielded to the syringe. Again where the syringe removed a cherry seed, after unsuccessful and painful attempts had been made by instruments and we had been assured by the physician in charge that the syringe would fail. Just recently in syringing an ear to obtain a view of the drumhead, to note its condition in a case of chronic suppuration, we removed a foreign body that had been there for some time and had been overlooked by other physicians.

Besides the above conclusions, we would add for the benefit of the general practitioner; inspect the ear under good illumination before attempting any treatment. Make all attempts at the removal of foreign bodies with a syringe, which should be of good calibre or size. W. N. M.]

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#### Observations on Koplic's Spots, Diazo-reaction, and Fever in Measles.

Muller (*Munchener Med. Wochenschrift*) had an opportunity to study an epidemic of measles involving 25 cases, which occurred in Marburg in the winter of 1902 and 1903. The epidemic spread very rapidly, as is shown by his curve, the cases increasing from four on the first three days to eighteen on the fourth. The character of the epidemic was mild; complications occurring in 24 per cent. of cases. The mortality was 2.8. per cent. Six children died of bronchopneumonia. Most of the patients were four years old or under, the elder children having acquired immunity during a previous epidemic. In 166 of the Marburg cases Koplic's spots occurred 134 times, that is, in 81 per cent. An initial exanthem on the hard palate was observed 143 times, that is, in 86 per cent. of the cases.

Since the great majority of all the cases were first brought to the polyclinic about the time that the exanthem began, it was impossible

to say whether the Koplik preceded the appearance of the exanthem. In only 12 cases was it possible to follow the children with reference to this point from the incubation period to the outbreak of the disease. Of these 12 cases, Koplik's spots appeared 7 times simultaneously with the first rise of fever, that is, on the first day of the disease, 4 times one or two days after the occurrence of fever, and once the spots were absent altogether. In these 11 cases the Koplik spots appeared 8 times from a half to two days previous to the initial exanthem, and 3 times the spots and exanthem occurred simultaneously.

The epidemic of measles which ended in April, was followed in June and July by a little epidemic of rotheln. The diagnosis of rotheln was all the easier to make as the greater number of cases affected the same children who had recently recovered from measles. Fourteen cases of rotheln came under observation. In 6 of these Koplik's spots were definitely demonstrable. Nothing could be learned as to the time of the appearance of the spots, as all the cases were first seen with the full-blown exanthem. If one considers measles and rotheln as different diseases, it is evident that these cases prove that Koplik's spots alone are not diagnostic of measles.

A series of ten cases were studied with regard to the Diazo-reaction. Of these 10 cases, 8 showed the reaction first with the appearance of the exanthem, 2 held a day sooner. The intensity of the reaction increased with the duration of the continued fever and reached its highest point either with or soon after the maximum temperature. The reaction disappeared during the first days, at the latest six days after the disappearance of the fever.

The fever curve of measles was also observed. In 12 cases where brothers and sisters of sick children contracted the disease the curve was observed before the onset. Of the twelve cases, 9 showed the fever curve that is ordinarily given as a typical one in the text books. This type starts with a sudden rise. This is followed with a one to two day's intermission, and then by a continued fever for several days. In 2 cases a more gradual remitting type of onset was seen, such as Heubner has described. In only one case did the fever rise suddenly without any previous remission.

Muller concludes his article, which gives an extensive review of the literature, as follows:

1. Koplik's spots are present in four fifths of the cases of measles, and are frequently present on the first day of the disease. They are not, however, diagnostic of measles alone, as they were repeatedly observed in rotheln.

2. The diazo-reaction in the urine can be demonstrated almost always at the height of the disease. It occurs usually with the appearance of the exanthem, and is not an early symptom.

3. In most of the uncomplicated cases of measles the fever curve shows a sharp rise at the beginning of the catarrhal stage. This rise is followed by an intermission, lasting one or two days, which, in

turn, is succeeded by a rapid rise and continuous fever, lasting about four days, which falls usually by crisis. It is more seldom for the fever to rise by gradual remission or for it to start with a sudden unchecked rise.—*Amer. Journ. Med. Sciences.* July, 1904.

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#### Tincture of Horse-chestnut in Hemorrhoids.

Dr. De Veney recommends the tincture of horse-chestnut in all forms of this affection. Its first effect is to lessen the pain, which it does after a few doses, but if permanent results are to be accomplished the remedy must be continued for some time after the cessation of the pain. The dosage should be at least 10 drops in a little water before the two principal meals of the day, but the dose should be regulated according to the intensity of the symptoms. When these are severe and accompanied by marked turgescence of the tumors, 20 to 30 drops may be given, which quantity should be gradually lessened as the pain ameliorates. In cases with mucoid and dysenteric stools, blood, and tenesmus, the drug should be given with equal parts of tincture of aloes, or in connection with a pill of 1-10 of a grain of silver nitrate taken night and morning. For patients with intestinal atony and constipation equal parts of tincture of nux vomica should be given as an adjunct. The medicament may also be applied locally in an ointment, but its effects are not so marked when used thus as when given internally. Tincture of horse-chestnut is also useful in varices of the legs and in congestive disorders of the pelvis, such as inflammation of neck of the bladder, prostatitis, proctitis and uterine congestion—*Journal de Medicine de Paris*. [This is evidently an old remedy being brought into popular notice again. We can attest to its value and efficiency. W. N. M.]

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#### Psychological Effects of Imperfect Vision upon Children.

There are certain abnormal psychic states of children, largely comprehended under the general terms, disposition and temperament, which should receive more sympathy, consideration, and study by physicians, teachers and parents than has been the custom to give them. Irritableness, fretfulness, impatience, anger, restlessness, inattention, and forgetfulness are mental states which can usually be permanently overcome only by removing the cause; but for which children are too often scolded, and even punished. If it is true that these mental states can be overcome, then they certainly should be, for all about us are men and women who have carried up from childhood some one or more of these psychopathic elements, which have hindered their progress in life, blemished their characters, and made their own and others' lives unhappy and miserable.

E. J. Bissell, M. D., (*Homeopathic Journal of Pediatrics*, March) believes there are three causes of irritableness, fretfulness, impatience

anger, restlessness, inattention, forgetfulness or lack of ambition. First, environment. Too often the influences of the home, school or associates are unfavorable to mental quietness and equilibrium. Second, heredity. Its power is often over-estimated, and its effects can usually be greatly modified. Third, abnormal physical states within the individual.

The eye itself offers the very best illustration of how the physical affects the mental. This is true because by it more frequent and varied stimuli to mind development are received than by the other senses. Up to ten or twelve years of age the mind is largely receiving and differentiating sense impressions. This sense material forms the basis for, and naturally precedes the full exercise of thought, reason and imagination; consequently it should be transmitted to the brain accurately and without any undue expenditure of nerve force. Accuracy, with sharpness of detail in the mental picture, and the amount of nerve force involved in securing it, are the two factors we must trace in showing the relation between physical conditions and the peculiar mental symptoms enumerated.

Hyperopia, myopia, astigmatism, lack of muscle balance and varying degrees of opacity in the optic media, one or several of these defects combined, either interfere with mental clearness and the permanency of this visual impression, or make abnormal demands upon the child's nerve force.—*Medical Review of Reviews.*

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NUX VOMICA.—Selden Talcott says of nux: "This remedy is especially indicated in behalf of nervous people of sedentary habits, also so-called bilious and those who suffer from chronic constipation from hypochondriacal melancholia, mental depression from over-study, from over-anxiety and from over-eating. It produces favorable results in the cases of many people who suffer from hard work, personal neglect, unnaturally irascible temper, drinking and debauchery, mental depression and from pessimistic views of life." The mental symptoms: Intense irritability, disposition to find fault with everything, quarrelsome, vindictive, ill-humored, over-sensitive to external impressions, cannot tolerate light or noise, music or strong odor, extreme sensitiveness to the words and attentions of others.

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## Eclectic Medical Journal.

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### ECLECTIC MEDICAL INSTITUTE.

The sixtieth annual session of the College opened Monday, Sept. 19th, and notwithstanding the constantly increasing entrance requirements demanded by the various State Medical Boards, there was an excellent enrollment of students. The class of the Eclectic Medical Institute is a matter of pride to all our people, and it behooves our graduates to select well qualified men as students. In this connection we will state that those who are graduates of a graded high school find no difficulty in complying with the requirements of any State law.

The *Journal of the American Medical Association* recently recorded the fact that last year there was a falling off of 1268 students in regular colleges, and called attention to the decided increase in Eclectic colleges, which enrolled a total of 1014—an increase of 166 over the enrollment of 1903. This is not surprising in view of the fact that the demand for Eclectic graduates is greater than ever before. We have none too many Eclectic colleges, and by far too few graduates to fill the increasing demand. It behooves our men, with increasing zeal, to select well qualified students and send them to Eclectic colleges.

As for the Eclectic Medical Institute, each year the educational qualifications of our students show marked improvement. The many advantages of a graded course and increased hospital facilities enable us to do better each year than the year before. Our faculty is enthusiastic, and we pride ourselves on their Eclectic teaching. The result is exemplified by the success of our graduates.

Students for the present session can still enter the class, provided they matriculate not later than October 17th. A year is thus gained, if the young man with a high school diploma is able to enter this session instead of the next one.

**SUCCESSFUL STUDY MAKES SUCCESSFUL STUDENTS.**

The beginning of another school year will necessarily recall past experiences to students and teachers. Ideals attained or shattered will pass in mental review, and too frequently the latter will be most numerous. Why is this the case? Usually the blame for such results is placed at the feet of the other fellow. Favoritism has been shown, or some other equally inane excuse is given for the failure.

The medical student especially should make a close study, not of books only, but of man, and for this purpose the best subject is himself. It is also the most difficult for various reasons, the most important being the self complacency of the object under consideration, which causes a mental obscuration of the object's defects. The immortal Burns truly said :

"O wad some power the giftie gie us  
To see oursel's as others see us,  
It wad frae many a blunder frae us,  
And foolish notion."

Talking one day with a physician who has attained an enviable position in the profession, he said : "When I left the classical college I wanted to study medicine, and looked around for some time before deciding what particular college I would grant the honor of graduating me. I found in a very short time after I entered college that there were professors who actually knew more than I did, and also that there were plenty of my class mates who were not only equals, but many of them my superiors in mental ability." This man has reached his present position through his ability to study himself, noting his own faults and making an honest endeavor to correct them.

The man has not been born that possesses the ability to know it all, contrary to the opinion of some individuals, and in order to achieve success we must be willing to study and study methodically. One person will state positively that the early morning hours are the best, while another will be equally as positive regarding the evening or midnight hours. It is impossible to make any hard and fast rule; the mind is, or should be, rested after several hours' sleep, but some cannot do their best thinking until the brain has been exercised—warmed up in fact.

It is a mistake to try and study after the brain has become fatigued. A certain period of application to one subject will cause fatigue of the brain cells, as much as too strenuous exercise will tire the muscles used. A change of subject will often be a relief, and as soon as the reading becomes irksome a change will be beneficial. If clearness of thought does not follow a change of subject, a brisk walk in the open air will often prove valuable. Sometimes an entire change, as the reading of some book in no way related to the studies, will be more efficacious, but a diversion according to individual tastes will be required. It is a good plan for the student to do more or less collateral

reading, as it will have a tendency to broaden his mental capacity and views. Application to a single line of thought nearly always will narrow the mental horizon, thus hampering future progress.

It has been, and unfortunately still is, a notorious fact that doctors are not only poor writers, referring to their handwriting, but also poor spellers. For the former there may be some excuse, but for the latter there is none. In reading it should be, not to see how many pages can be read in an hour, but a study of the subject matter, the construction of the sentences, whether a clearer or better style could have been employed, the punctuation and spelling. Reading in this way will be of value, as it will increase the reader's knowledge, and will also increase the capacity for analytical study. Such readers are the ones that make the successful students, not because they have started with the intention of standing highest in their classes, but because an honest effort to understand their studies is the primary object. They become successful physicians, not as a result of their good looks, but because they are intelligent.

A safe rule to follow in studying is, as soon as the attention wanders from the subject change to another, and if this is a failure, a walk, reading something foreign to the work, or stop all mental exertion, or what is equally effective, think about what you positively know, and you will be surprised at the very short time necessary to review the entire subject. Be sure you do not start in with what you think you know, as life is too short.

It is much better to study ten minutes understandingly than two hours without comprehending the subject. Rest frequently; the brain will respond more readily, will classify what has been read, and will place you, provided you have the ability, among the successful students, and later among the successful physicians. K. O. F.

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#### AFFECTIONS OF THE NEWLY BORN.

I. ASPHYXIA NEONATORUM.—With its first breath the child usually announces its advent into the world by lustily crying. In the absence of an outcry an examination will reveal in most instances a state of suspended respiration. The infant is subject to numerous injuries and diseases at the time of birth, as well as various affections incident thereto, not a few of which often tax the skill of the physician to relieve, while others are amenable and readily yield to proper care and treatment. Among those most usually encountered is asphyxia, or as it is also known, apnoea neonatorum or asphyxia nacentium. This trouble usually results as a consequence of an interrupted circulation to the foetus, or a state of subaeration. One of the causes that most frequently lead up to asphyxia is a premature separation of the placenta. This may depend upon various circumstances, and no doubt in many cases may be attributed to a carelessness or want of proper attention on the part of the attendant. The degree of asphyxiation

or subaeration will depend on the amount of detachment and the time of its occurrence.

Another of the likely causes, one from which a majority of the cases probably follow, is some obstruction preventing a free circulation through the cord. This may occur as a consequence of compression of the presenting part, owing to a slight prolapse of a loop of the funis. Again a twisting or entangling of the cord may account for it; or it may be abnormally short and so undersized that the usual tension of a natural labor will prevent the blood from reaching the foetus.

Asphyxia is always an element of danger to the child in cases of presentation of the breech. A considerable time is usually required to deliver the after-coming head, and the pressure upon the cord is likely to be so marked, unless great care be exercised, as to completely overcome the ante-partum respiration long before we may hope to inflate the lungs by extra-uterine breathing. In such cases the character of the pulsations of the cord will determine the condition of the child. The indicated treatment where such symptoms are in evidence is to so adjust the protruding cord as to receive the least possible pressure from the undelivered head, and terminate the second stage of labor as expeditiously as compatible with safety. It has been suggested, when such a course can be executed, that a rubber tube or soft catheter be passed up to and within the mouth, in the hope of establishing respiration temporarily; or for the same reason it may be possible to so retract the perineum and draw down the lower jaw as to admit air, and thus prevent fatal suffocation.

A still more radical and heroic procedure when the head is arrested at the brim, is the execution of tracheotomy, and the introduction of a tracheal tube through which the lungs may be inflated. In a majority of such cases, however, a forcible and hasty delivery with means for subsequent resuscitation immediately following the exit of the head, will suffice to save the child.

Asphyxia is frequently the result of prolonged and continuous contraction of the uterus, likewise the spasmodic or tetanoid condition that may follow the frequently repeated and injudicious use of ergot. In our judgment ergot is often a dangerous remedy, and the indication for it at any time before the delivery of the child, unless it should be under the most unusual circumstances, should be looked upon as the exception.

Asphyxiation of the child also often follows a difficult labor, the result of continued compression from prolonged impaction of the head. It is likewise not of unusual occurrence where pressure from the forceps has been too sudden and excessive. Cases are sometimes likewise encountered where exhaustive disease of the mother exists, as cardiac and pulmonary affections; severe hemorrhages, as well as in the event of convulsions. It is claimed that in vigorous infants where the circulation is impaired by pressure of the cord, the air hunger

may excite an inspiratory suction drawing in secretions of the birth canal, which may cause suffocation after birth or induce pneumonia later. The cord around the body or encircling the neck is likely to endanger suffocation, but the attendant with a little care can disengage it in ample time to enable the child to revive.

Two varieties or stages of asphyxia neonatorum are recognized, viz. *asphyxia livida* and *asphyxia pallida*. In the first or *blue* asphyxia there is a condition of cyanosis; the trouble is of recent origin; there is a livid redness or blueness of the face and upper parts of the body; the muscles are rigid, and the pulsations are slightly perceptible. In the other or *white* asphyxia there is an anemic state, the surface is pale, face pinched, the muscles and sphincters all relaxed, circulation at a stand still, and the heart beat very faint or wholly imperceptible. The first offers the more favorable prognosis, but even in the latter or anemic form we believe with persistent and continued effort many cases, probably a majority, may be revived.

The first feature in the treatment of an asphyxiated infant consists in cleansing the mouth and air passages of foreign substances, in order to reanimate the child and favor as quickly as possible the restoration of respiration. This usually consists of practicing artificial respiration by some form of manipulating the body. Our plan is to place the child on its back across one's knees, the head being allowed to fall backward unrestrained; pressure is then made with the open palms over the sides and front of the thorax in imitation of filling and emptying the lungs. Bird's method is quite frequently resorted to; the child is supported with its shoulders and buttocks resting on the open palms, the chest arched favoring inspiration; alternately the knees and head are approximated over the thorax in expiration. In addition or independently of such manipulations, other means may be used, often to advantage, as blowing in the face; mouth to mouth insufflation will prove satisfactory in many cases. Breathing may often be restored through reflex stimuli, as sharply slapping the buttocks, immersing the child in hot or cold water, or each alternately, as well as rubbing the chest with alcohol or ether. Another means that is highly extolled is rhythmic tractions upon the tongue; by drawing it forward from fifteen to twenty times a minute it is claimed the respiratory center is stimulated. We would also suggest that anal dilatation be tried in these cases; the index or little finger may be used, and it will often prove sufficient. Hot saline infusion per rectum should not be overlooked. Again, a few drops of brandy may be used hypodermically, as well as 1-200 grain strychnine, either alone or as an adjunct to other treatment in desperate cases. Another treatment that may succeed in these cases when other means fail is saline infusion through the stump of the cord—umbilical vein. Shucking advises that fructosate of soda be added to the salt solution, claiming that it will take up the excess of carbonic acid in the blood, and thus is destined to become a most valuable aid in resuscitating the asphyxiated child.

R. C. W.

**DESERTIONS.**

Occasionally some physician of the regular section in medicine becomes imbued with the opinion that it would be well for both the regular school and the minority schools, if the regular school could absorb all the minority schools. There are many reasons that appear to these men for such conclusions—some personal, some political, and others optimistic—a few of which may be named as follows:

The advocate of absorption may be a medical politician who reasons that his field of operations will be widened if only his own school exists. Or he may be an enthusiast who believes that increased numbers in his organization will be followed by greater deeds of the body as a whole. Or he may be a man who, intensely prejudiced against his brethren of other sects, is desirous of subjugating them by such a stroke; for it is self evident that absorption means annihilation. Or he may be a philanthropist, convinced that men in the minority schools can better serve themselves if they be drawn under the sheltering arm and control of the majority. Or he may be a medical purist, who sees nothing good in anything that lies outside the regular fold, believing all such is bad, and should be suppressed. Or he may be a man who has broadly studied the *materia medica*, both within his field and outside, and by his knowledge of the practice of other schools, realizes its value and appreciates that therein lies great opportunities for the dominant school, if both the minority owners and their *materia medica* can be annexed by absorption.

There are other reasons for individual action in this direction, but enough have been cited to answer as a text. But in it all be it observed, no man seeks a single deserter from the minority school. The absorption of the *whole school* is the one thing needful, not the sheltering of a deserter.

Looking across the medical field, it is apparent to one who studies history that one or more of these points occasionally appeal to a member in some one of the minority schools. During the past century this fact has been evidenced by the occasional desertion of this or that man—often one least likely to have been selected as a deserter. Let us consider the phase of the subject from the other side in corresponding detail, the question being why does a man who, as a rule, is very successful in practice, occasionally drop his allegiance to a minority school?

Desire for medico-political position that he has failed to secure at home may influence him; disappointed politicians often change their party. Enthusiasm for a wider field sometimes leads a person to illogically hope for greater deeds from membership in a larger body. Local antagonism against a brother practitioner, or sourness because of some society difference may lead a man to separate from an organization. Possibly an ambitious man not fitted to be a leader finds he cannot become a "boss" in his school, and fails to make the distinc-

tion that lies between the name leader and the name boss. A man may have taken an active interest in his school for a greater or less period, and feeling that his qualities are not appreciated, concludes to try another field. The views of a philanthropist who has come to believe that the greatest good lies in the efforts of great numbers, might possibly lead a man to even help the extinction of his school. The reflection that he is not regular because the majority is in the other field, might lead another to change his society on the rule that might makes right. The rule or ruin principle might lead a man with a personal grievance to try to get even with his former friends. Hope of personal returns by reason of other influences may lead some to desert their cause. There are other reasons for desertions, but these will answer for a text.

Now concerning the result. The page which history offers shows that occasionally a man has deserted Eclecticism and united with the dominant school. Occasionally the man has been conspicuous, but this is exceptional. Take any one of these men, analyze his reason for leaving the school, and it will be seen that the move is never made because the system of practice is defective, or because he is not successful, if he understands its precepts. It is because of some personal reason, a reason that concerns himself alone, a reason that we have perhaps cited or indirectly touched. Take the deserter's record thereafter, trace it to a conclusion, and it will be seen that neither a more successful practice nor greater honors ever come to him. His new friends are not as sincere as were the old ones. He is still to them an outsider. Positions of importance he seldom gets. The lucrative offices, if there be any, are filled by men within the fold, men who have ever been within the regular fold. His practice does not increase, for he has by his move added nothing to his qualifications as a physician, and yet has immensely increased his competition. He is tolerated, not admired. Why is this? Let us make a comparison.

An army, regardless of the general patriotism, meets with occasional desertions. Regardless of the cause or prospects of victory, desertions have ever occurred in all organizations. The deserter is neither honored by his new comrades nor his old ones. An Eclectic should occasionally be expected to drop his name and desert his friends. Such desertions come not more frequently now than in the past. This we believe, goes without argument.

Never, as now, have Eclectics had reason to be content. Never as now are applications made so freely for Eclectic graduates. Never as now has Eclectic practice been as lucrative and satisfactory, and never has the great body of Eclectics had reason to be as indifferent to occasional desertions as at present. And, as already cited, never have the deserters been as few as now.

J. C. L.

**SELF-TRAINING.**

Some one (I think it was Gibbon) said that "every man who rises above the common level receives two educations—the first from his instructors, the second from himself." To rise above the mediocre requires but two steps, and the necessary energy to take them. Education in its true sense is a process of self-development. The college which one attends may be considered as a sort of kindergarten for the grown-up, where they may take the first step and receive from without the fundamentals of the future education which they themselves must build. In so far as instructors seek to lead the pupil into the habit of correct thinking, they benefit the learner. To manufacture students into phonographic records to be played upon at some future time is not to educate them. An educated man is a trained thinker who is capable of expressing his thoughts in a manner intelligible to others. Promulgation must be a concomitant to receptivity and discipline shall stand guard over entrance and exist. A properly disciplined mind enables one to use his intellectual power in any direction. To receive and appropriate good thoughts from others; to be able to originate and express our thoughts; to be capable of rejecting erroneous conclusions and initiate the reasonable, these are the elements of the educated mind. The untrained mind stumbles in uncertainty while the trained mind accomplishes its purpose in the most direct manner and the shortest time.

The student should understand that he is to obtain only the skeleton of his education from instructors, and that the training of self should begin early in life. Each individual must make his own investigations, draw his own inferences and reach his own conclusions. Each mind must progress if it progresses at all, by self-instruction, and real progress is from within and not from without. Others may be able to tell you the what, but they are often unable to make clear the why and the wherefore. *They* are also liable to reason from wrong premises and arrive at faulty conclusions.

The act of self-training implies hard work and is slow, but it must be remembered that it is the hard work that tells in the end and brings its own reward. The weak will shrink from the task and remain in the ranks of the mediocre. The strong will toil, on no matter how rough the pathway which leads to success.

The first years of the doctor's professional life offer opportunities for self-improvement equalled perhaps by no other vocation. It is a period through which he must pass, and while passing must also wait. If he will improve this opportunity for education he will be surprised in the end at what he has accomplished. The doctor waiting for business must do it in his own office and not at the corner grocery, drugstore or saloon. People will not go to either of the three places mentioned very often to find the doctor. And the doctor should always be found busy. Spare moments gathered make time. There



is a class of busy doctors which I desire to mention. They are the ones who never have time to read a journal nor write a paper. When I hear a doctor say he is too busy to study I feel like I wanted to kick him high up on the back. It is false and he knows it. He ought to substitute that other word lazy for busy. The busiest physician usually finds the most time for educational work. The busiest men I have ever known have had the most time to devote to other work, but they knew how to take advantage of time.

Then a few good books on different subjects to be read and read again, and close by a pad of paper and pencil, the contents can be pondered over, digested, absorbed and assimilated, and thus a good working brain is built. As one's thinking apparatus is cultivated a desire for more mental food is felt, and what before was a task now becomes a pleasure and a necessity. Thinking becomes less and less difficult and more nearly correct. One will find as time goes on that he is attracted to certain lines of investigation which may be carried to any depth, but a morbid concentration of the mind upon one particular subject to the exclusion of all others should not be indulged. It tends to contract the mind, the man, and leads to insanity perhaps of the harmless variety. The world around us offers all manner of subjects for study, and they are not so common-place as one might suppose, being so familiar with them. An hour spent in observing an ant will amply pay for the time.

Not all one's time should be given to reading what other men say, but a portion should be devoted to making an attempt to say something for oneself. It may be slow work at first and the thing said may not be well said, but the main thing is to work until work becomes a pastime and a vacation. Obstacles are not to act as a bar to advancement, but rather as an inducement to greater effort. Move them out of the way or climb over them. There is real pleasure in the moving and the climbing. It was Dumas who said, "When I found I was black I resolved to live as if I were white, and so force men to look below my skin." This to a man of ordinary kind would have been an insurmountable obstacle. All know how well Dumas removed the defect. Obstacles in the path of a determined man are only stepping-stones to success. If one find a barricade in his way let him mount it though adversity be entrenched on the other side. Ambition coupled with resolution will conquer all things. Determination together with hard work will accomplish almost anything, and the brain like the muscle becomes strong with use.

"Our remedies oft in ourselves do lie,  
Which we ascribe to Heaven; the fated sky  
Gives us free scope; only doth backward pull  
Our slow designs, when we ourselves are dull."

A. F. S.

## POISONING BY OXALIC ACID.

The public press of last week chronicles a case of poisoning of a young woman in Dayton, Ohio, from oxalic acid. This case was one of suicide, for which this acid is frequently used in England. But it is quite uncommon in these days and in this part of our country to hear of intentional poisoning by this agent. Accidental poisoning by it, however, is quite common, for the frequency with which it is used to remove iron rust spots and in marble yards to obliterate iron blemishes and to polish marbles, renders it easy of access and it is surprising that more cases are not met with. Again its close resemblance, to the laity at least, to Epsom salts has led to numerous fatalities from swallowing it by mistake for the latter.

Oxalic acid and its common salt—potassium binoxalate—are equally poisonous. The latter is acid potassium oxalate and has long been known as *salt of sorrel* while oxalic acid is known as *acid of sugar*. While formerly a distinction was made between the two, now-a-days when one asks at a drug store for salt of sorrell, salt of lemons, or essential salt of lemons, he may in exceptional cases get the compound potassium binoxalate, but in most instances he will receive oxalic acid itself.

Oxalic acid occurs in four-sided prismatic crystals, without odor, but possessing a very sour taste, thus distinguishing it from sulphate of magnesium or sulphate of zinc which it also resembles. It also bears a close resemblance to potassium chlorate. The crystals are permanent and may be distinguished from other substances which they resemble by heating them, when they melt, and may be dissipated without charring, and leave no residue. Their extremely sour taste prevents them from being employed for homicidal purposes.

*Oxalic acid is a quick poison.* No time must be lost in treating a case of poisoning by it. A half ounce is considered a lethal dose, while *one drachm* has been known to produce death. *Death has resulted in three minutes, and usually takes place within one hour.*

Oxalic acid acts in two ways, as a corrosive when concentrated and as a poison to the nerve-centers, producing paralysis of the respiratory and vaso-motor nerves as well as other of the spinal nerves, when absorbed from its dilutions.

The sudden falling of one to the ground—unconscious, after the swallowing of something, should lead to investigation, and we shall probably find that we have to differentiate between poisoning by potassium cyanide and oxalic acid. The odor of the former reveals its identity. When the patient is conscious the following symptoms will present: An acrid and hot taste upon swallowing, with burning and tightening in the oesophagus and stomach, and intense pain in the abdomen. When swallowed in dilution the gastric and abdominal symptoms may be nil as compared with the nervous collapse. When concentrated there is vomiting of a very sour, greenish, dark brown, or bloody mucus, which may persist until death. Vomiting may not

occur at all, or may be delayed for fifteen or twenty minutes if the acid has been largely diluted. Sooner or later, in either case, comes the characteristic collapse with cadaveric pallor, cold clammy perspiration, small and irregular pulse, complete prostration of strength, stupor, muscular twitchings, convulsions, and complete insensibility followed by death. Numbness and tingling of the legs in some cases show its wide spread effects upon the nervous system. Glycosuria is apt to be present, and the pregnant are apt to abort, or at least the foetus is likely to die. The sudden inability to stand, the acid vomiting, and early unconsciousness, with symptoms of total collapse, should point unerringly to poisoning by oxalic acid.

Fortunately there is a true antidote, and that is *chalk*, calcium carbonate in any form, or lime. If administered quickly life may be saved; if tardy in giving it, the result is problematical. The alkalis and their carbonates will not answer as antidotes to the poison, for they convert it into soluble oxalates which are equally toxic. If chalk or lime as such is not at hand, scrape plaster off the walls, or white-wash from the walls or fences, and mix it with water and give immediately. Then as quickly as possible induce vomiting by tickling the throat with a feather, administering 20 grains of zinc sulphate in a little water, and injecting hypodermically  $\frac{1}{2}$  grain of apomorphine. The stomach pump should be avoided if emetics can be made to act. Apply artificial heat. The after treatment should be directed towards relieving the resultant gastro-enteric inflammation.

H. W. F.

### OSTEOMYELITIS

This is a term of a general nature given to indicate various lesions of the osseous structure in which there is an inflammatory condition of any of the three elements of bone, as marrow, cancellous tissue or periosteum. The causes that may lead up to osteomyelitis may be from a specific or non specific condition, (either syphilitic or tubercular,) and the onset may have as a beginning the history of injury or supposed injury while at work, or in the young from injuries received on the play ground. There is no diseased condition in the human family that has been treated by medical men in which so many errors have been made and continued for weeks and months as this one condition (osteomyelitis.)

Let the general practitioner stop a moment and reflect on the cases he has had under his personal advisement, and see if this proposition of mistreatment of this simple or complex lesion of osteomyelitis is not well established. Let us enumerate some of the alleged diagnostic conditions that generally seem well established. Rheumatism, partial dislocations, sprains, chills and fever, inflammatory fevers, etc.

The patient is medicated for nearly every disease in the vocabulary and by all the practitioners in the neighborhood for months, when finally the last medicationist has his attention called to a swollen, reddened condition on some part of the limb: this shows when the abscess has pointed, and long awaited the interference of the knife. L. E. R.

**SURGICAL KNOT.**

Recently while assisting Prof. Bloyer in a laparotomy at the Seton Hospital, the case requiring the removal of both appendages, I requested the Professor to ligate tightly one of the appendages, and as the ligature was being placed Prof. Bloyer asked what kind of a knot I required. My reply was, you may tie a "Materia Medica Knot" or an "Anti-Nuptial," any thing that will stick.

I often take a good strong string of silk and practice the various ways that a knot can be made, and any old way will do provided it will not slip or relax the constriction. Again there are certain double turns that may be given a ligature, and drawing with much strength will not force constriction of the tissues sufficiently to staunch hemorrhage. Practice at your leisure on the different methods of ligating and note the various changes.

In constricting the common carotid artery on a little patient at the Betts St. Hospital, in order to prepare the case for an extensive surgical operation (removal of an osteo-sarcoma of the right cheek), we opened the sheath of the artery, pushed the pneumogastric nerve aside, and then placed the hemostatic forceps tightly across the artery, being careful not to include the vein, and allowed the forceps to remain till the operation was completed, after which they were removed.

Possibly this method of constriction will answer the same purpose as a ligature and better, without the danger of fully severing the artery, simply crushing it and allowing the continuity of the artery to remain in situ, and nature make repair of damage without secondary hemorrhage.

L. E. R.

**CHOREA, RHEUMATISM, TONSILLITIS.**

The relations between chorea, rheumatism and tonsillitis are quite evident to the practitioner of experience. In almost every case of chorea, by carefully tracing the history of the patient, inflammatory processes, past or present, of articular, serous or endocardial surfaces may be discovered. These disturbances may precede or follow chorea. Fatal cases of chorea although rare, when they occur, almost invariably show endocardial vegetations which differ in no way from those due to rheumatism.

Tonsillitis is a frequent antecedent of chorea, but may occur during the attack or follow. Tonsillitis is also frequently associated with rheumatism as a precursor, concomitant or sequel.

Chorea, rheumatism and tonsillitis appear to be associates in their occurrence, and may be the manifestations of one cause giving rise to different symptoms according to the part of the body acted upon by the morbid element, be it germ, virus or climatic.

We can readily see how one certain influence acting upon different structures might in one case result in "Irregular, involuntary movements, a variable amount of physical disturbance, very often associ-

ated with arthritis, endocarditis and tonsillar inflammation"(Chorea).

In another "an inflammatory condition of joints and muscles with tendency to metastasis, endocarditis, involuntary twitchings and sore throat"(rheumatism), or in tonsillar inflammation followed by rheumatism or chorea.

The exciting causes of all are exposure to cold or wet, unhygienic surroundings with hereditary tendencies.

L. W.

#### LOCOMOTOR ATAXIA AND SYPHILIS.

Our views of things change with experience and investigation. Locomotor ataxia, generally regarded as a tertiary syphilitic manifestation, has been more or less a problem to neurologists in regard to its pathological features. At first supposed to be caused by a proliferation of neuroglia and consequent elimination of parenchymatous structures from pressure, it was later thought that the parenchyma first atrophied, and that the abnormal growth of connective tissue was merely compensatory.

Locomotor ataxia is due to an interference with nutritional processes, the primary lesion is not spinal but ganglionic. The function of the ganglion on the posterior spinal nerve root is trophic, it not only governs nutrition in peripheral but also in central fibres, consequently we are to look upon the cause of locomotor ataxia as extra spinal in the beginning. Prof. Jeancon always maintained and taught that the basic lesion in syphilis was arterio-sclerosis, and accounted for all the symptoms of syphilis on this ground.

Our later knowledge of locomotor ataxia appears to confirm his views, inasmuch as arterio-sclerosis would naturally lead to diminution in blood supply, lack of nutrition and consequent degeneration. Such processes occurring in trophic centres would bring about the results that are so evident in locomotor ataxia.

L. W.

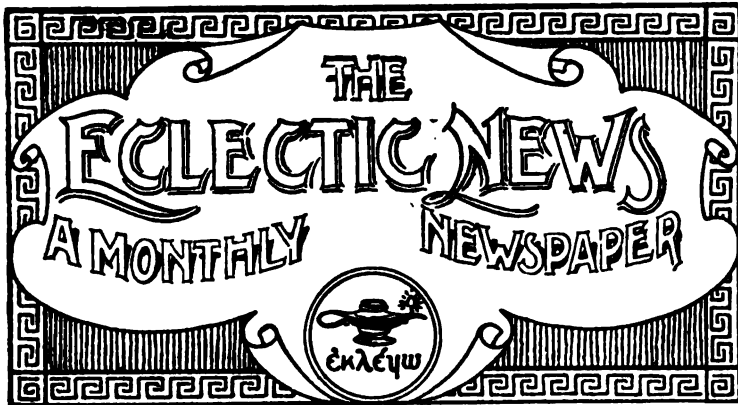
#### TEXAS ASSOCIATION.

The twentieth annual meeting of the Texas Eclectic Medical Association will be held at the Y. M. C. A. Hall at Galveston, October 12 and 13. A very handsome program has been issued and a large and interesting meeting is anticipated.

The sections will embrace Practice under Dr. Hudson; Obstetrics under Dr. Mary B. Morey; Surgery in charge of Dr. Fox; Materia Medica, Dr. Spang; Gynecology, Mrs. Dr. R. B. Gates; Eye and Ear, Dr. Johnson; and Miscellaneous Section in charge of Dr. W. R. Fowler. Tremont Hotel, special rates \$2.00, will be the headquarters.

A public entertainment will be given on the evening of the first day. Prof. Graves of Chicago, Prof. Helbing of St. Louis, and Prof. Lloyd of Cincinnati, will be in attendance. On the evening of the second day, there will be an excursion on Galveston Bay, followed by surf bathing, and a reception in the evening.

The Texas Eclectic Medical Examining Board will hold its regular semiannual meeting October 10 and 11 at Galveston.



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## BOOK NOTICES.

**APPLETON'S MEDICAL DICTIONARY.** An Illustrated Dictionary of Medicine and Allied Subjects, in which are given the Derivation, Accentuation, and Definition of Terms used throughout the entire field of Medical science. Edited by Frank P. Foster, M. D. Published by D. Appleton & Co., New York. Price \$10.00.

In this work of nearly 2,000 pages will be found, not only the older medical terms, but what is much more important, the newer words—those which have come into more or less general use within a few years. The names of the latest pharmaceutical preparations, even proprietary, are given, or at least those in general use at the time of going to press.

Under the heading "Operation" almost sixteen full pages are taken, giving the name of the operation and the salient points of the technique. The general heading, Nerve, covers nearly fifteen pages, numerous illustrations being employed to elucidate the subject, and with the descriptions of origin and distribution brought to the latest known investigations. In fact, much information concerning both gross and microscopic anatomy is given, which the usual text-books on anatomy fail to mention, and which are only found in the special works on the subdivisions of medicine.

The author retains the classic orthography, using in his work the final *e* and *al*, and also preserving the diphthongs. In words derived from the Greek, and Latin derivatives from the Greek, the rule of the language has been followed. In words of French origin, the latest forms are employed where the authorities are of unquestioned note.

The scheme of pronunciation is given at the end of the vocabulary. This is sometimes inconvenient, as it necessitates additional work in looking for the key. However, the same plan is followed by a number of standard dictionaries, so the same criticism would apply to

them. The illustrations are plentifully interspersed, and their value is unquestioned.

The press-work is all that could be desired, and the binding is superior, the book opening flat at any portion of the volume. It is undoubtedly one of the best efforts of our day in the form of a medical dictionary, and is a work which every progressive physician should have within easy reach of his desk for ready reference. K. O. F.

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**ARTERIA UTERINA OVARICA**—The Utero-Ovarian Artery, or the Genital Vascular Circle, Anatomy and Physiology, with their Application in Diagnosis and Surgical Intervention. By Byron Robinson, M. D. E. H. Colgrove, Chicago, publisher. Price \$1.00.

Physically, this work is a good one—much better than dollar books usually are. It is the outcome of more work by that indefatigable worker and student. It is most excellently illustrated by half tones, etc. The labor in producing the illustrations has many times exceeded that of the text. Every physician should know all that is in the book, that he may better understand the changes that occur in the blood supply of the uterus during gestation; and certainly every surgeon should have it, as no operator, master though he may be, can feel secure until he knows it all. The book is original, and the pictures are not found in ordinary text-books. We congratulate Dr. Robinson. W. E. B.

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**FIRST LESSONS in the Symptomatology of Leading Homeopathic Remedies.** By H. R. Arndt, M. D. 271 pages. Cloth, \$1.30 net. Philadelphia: Boericke & Tafel.

This little volume is merely a collection of symptoms, pathogenic and clinical, with which a student should become familiar before he seriously enters upon the study of the homeopathic materia medica. Its memorizing should constitute his freshman year's work. He then has a foundation on which to build. It is by reiteration, enlarging, adding to, explaining, etc., that the medical superstructure is builded. The practitioner who is interested in symptom prescribing (and the most successful physicians in the world follow this method) will be much interested in Dr. Arndt's work. It is clear, clean, brief.

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**W. E. B.**  
**ESSENTIAL DISEASES OF THE EYE.** By A. B. Norton, M. D. 349 pages. Cloth, \$1.75 net. Philadelphia: Boericke & Tafel.

In this work the author has attempted to give in a concise form the diseases usually encountered by the general practitioner, and also give the student a working knowledge of eye diseases. That he has succeeded in so doing is true, so far as the text is concerned, but the absence of plates the reviewer considers somewhat of a handicap. Many lesions of the eye can be differentiated by descriptions, but to the novice a fairly good illustration is of more service than pages of description, especially of conditions which closely resemble each other.

# LIBRADOL.

## The Season for Insect Stings and Bites is at hand.

It has been brought to our attention through numerous reports that Libradol is a quick reliever of bites and stings of insects, and we ourselves witnessed in two instances its marvelous power in the instantaneous relief of the pain of bee stings. In this connection, the following letter from Dr. Albert Sayler will prove of value, to physicians who may be confronted with a painful sting or insect bite.

“About the middle of October, 1903, immediately after the fall, or aster flow of honey, in closing up for winter the bee hives of my apiary, I was stung on my hands and wrists, at least fifty times, and most likely, seventy-five times.

“I applied Lloyd's Libradol once, during my closing up bee work, and twice afterwards. The swelling stopped at once, as if by magic, with scarcely any after-puffiness, disagreeableness, or discomfort.

“About a week ago, working without my bee veil, one little nettlesome rascal dabbed me on the nose, and while the pain was yet severe, I ran for my box of Lloyd's Libradol, and applied the remedy, thinking to note from time to time its effect. But just like a small boy, I forgot all about the sting for at least three days.

“Nothing else as yet developed compares with Libradol for dulling the pain and reducing the swelling of bee stings.”

Respectfully,

ALBERT SAYLER, M. D.,  
New Palestine, Clermont Co., Ohio.

In this connection it is well to bear in mind that Libradol need not be plastered thickly where a large surface is involved, but that a thinly spread tissue is satisfactory, or it may even be rubbed on the skin with the finger. Please bear in mind that Libradol instantly relieves itching of a surface, and is especially applicable to chronic itching of the anus.

Price, 1-lb. package.....	\$1.50	By mail, \$1.75
“ ¼-lb. “ .....	.45	“ .55

June 1, 1904.

LLOYD BROTHERS, Cincinnati, Ohio.



**ECHAFOLTA. (The Best Remedy for Blood Depravation.)**

This is the choicest of all preparations of Echinacea, and has the following history: In 1887 we introduced Echinacea in the form of a tincture. We did this years before any other pharmacist knew of the drug.

As does all percolates of this drug, and all colored preparations of it, the tincture contains impurities which disturb its action and lessen its value. This we early discovered, for crude Echinacea root is a very impure drug. It contains much plant dirt, much sugar, much glucose, much inert coloring matter. These go into ordinary preparations of Echinacea. In surgical cases such impurities of Echinacea may be serious. Coloring matters, organic ferments, and glucose are inadmissible. No colored preparation of Echinacea should be applied to a wound or used internally.

We experimented to overcome these imperfections, and finally discovered how to do so. This was accomplished years ago. The perfected preparation we named Echafolta.

Echafolta is the only perfect representative of Echinacea. It is the preparation that broadly established the value of Echinacea. This we can say by authority, for we introduced both Echinacea and Echafolta, and on our preparations the value of this drug was established.

Whoever has a bottle of Echafolta may accept that whatever is possible of any preparation of the drug Echinacea is at his command.

Echafolta contains no water, no glucose, no sugar, no tannates, no inorganic salts, no albumen, no gum, no coloring matters, no organic germs or organic ferments. Echafolta is clean, but yet is complex. It is a complete representative of the drug Echinacea carrying its full drug value.

The uses and dose of Echafolta are given in full on each label. It is a marvelous remedy—the most popular of all remedies in diseases that involve blood depravation. It is a corrector of blood dyscrasia, non-poisonous, and has advantages over all other medicaments for this purpose. Its field of usefulness is already great, and yet, is not fully developed. To all this the medical profession attests. Physicians using Echafolta commend it to their professional friends who in turn praise it to others. Thus the reputation of this choice remedy, now the standard for sepsis, was established before the crude drug from which it is made was known to commerce.

In our recent pamphlet on Libradol, a remedy that relieves pain by local application, mention is made of Echafolta. This brings to us a great number of inquiring letters, inasmuch as the field of Echafolta is one of the most important confronting physicians. In response to these requests the present treatise is prepared, the object being to extend information concerning Echafolta and its uses. Let us repeat that we make no family medicines, secret mixtures, or self-cures for the people, our preparations being prescribed by physicians and obtained through their druggists. To plant preparations, our specialty, we have for years devoted persistent study, and our products are representative. Let us hope that Echafolta, a remedy as invaluable in its field as is Libradol in its own, may prove as useful to physicians who are now unacquainted with that preparation as is Libradol to those using that effective remedy for pain.

Echafolta is carried in stock by every jobbing druggist in America. It is to be obtained in original vials at the following prices: Four ounce, 55 cents; eight ounce, \$1.00; sixteen ounce, \$2.00. Should the remedy not be at command of a physician desiring it, we will mail a four-ounce bottle on receipt of 77 cents. As has been said, each bottle is accompanied by detail uses and doses.

LLOYD BROTHERS, CINCINNATI, OHIO.

A peculiarity of homeopathic works consulted is the absence of dosage or dilution employed. It is undoubtedly true that the majority of the homeopathic fraternity know their materia medica, yet the fact is also well known that dosage varies according to certain morbid conditions, and it seems strange that the subject is usually dismissed with simply the name of the drug and its indications.

The author is too well known to need any comments on his ability, for he is one of the direct writers on his line of work, and whatever he puts out is sure to receive the welcome it deserves. The press-work is good, and the subject well handled.

K. O. F.

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**A TEXT BOOK OF MECHANICO-THERAPY (Massage and Mechanical Gymnastics).** By A. V. Grafstrom, M. D. Second edition revised. 12mo, 200 pages, illustrated. Philadelphia: W. B. Saunders & Co. Cloth, \$1.25 net.

The second edition of this useful little work has been entirely rewritten, reset, and very much enlarged. Two chapters have been added—one on Massage of the Eye, Ear, Nose and Throat, and the other on Pelvic Massage. Seventeen new illustrations have also been added.

The effort has been to put in condensed form the methods of manipulation required in this form of therapeutics. There is a decided tendency at the present time to use some form of mechanical vibration or massage, and there is no question that in many cases with decided improvement to the patient.

At least a slight knowledge of this method should be had by every physician, and in this little work will be found very full directions.

K. O. F.

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**THE SUMMER DIARRHEA OF INFANTS.** By H. Illoway, M. D., Cincinnati. E. R. Pelton, publisher, New York. Cloth, \$1.00.

The author, within the scope of 150 pages, has covered very satisfactorily, and in a manner to suit the busy practitioner, the subjects of—1, heat strokes (thermic fever) in infants; 2, summer complaint; 3, cholera infantum. The work is well worth the price to any one desiring a brief treatise along these lines.

R. C. W.

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**OBSTETRIC AND GYNECOLOGIC NURSING.** By E. P. Davis, M. D. 12mo, 402 pages, illustrated. Philadelphia: W. B. Saunders & Co. Buckram, \$1.75. net.

The usefulness of this book is manifest by a second edition. An obstetric nurse should possess some knowledge of natural pregnancy and consequent diseases; and as gynecologic nursing is really a branch of surgical nursing, special training and instruction are required to meet the conditions arising. This book fills the need, everything that the obstetric and gynecologic nurse should know being included. The second edition has been carefully revised, and new matter added. It would be well if every trained nurse possessed a copy of this book.

R. C. W.

**DUDLEY'S GYNECOLOGY.** A Treatise on the Principles and Practice of Gynecology. By E. C. Dudley, M. D. Octavo, 771 pages, with 401 illustrations, of which 50 are in colors, and 18 full page colored plates. Cloth, \$5.00 net. Lea Brothers & Co., Philadelphia.

Dudley's Gynecology has always taken high rank in the profession, and the present edition fully sustains the reputation of former editions—is better than ever. The author has made a thorough going revision which includes the recent advances in gynecology, having rewritten and rearranged many chapters. The sections relating to General Diagnosis, Local Treatment, Major Operations, Drainage, Urethritis, Cystitis, Ovarian Tumors, Embryology, Malformations, and the Treatment of Salpingitis, Ovaritis, and Pelvic Peritonitis, have been subjected to special revision and to a great extent have been rewritten.

Not less sweeping than the revision of the text has been that of the illustrations to the exclusion of all borrowed engravings, and the introduction of more than three hundred new ones all reproduced from drawings specially made for the book; but what is more important than this, all operations have been illustrated to show the several procedures as they take place step by step, each operation being set forth in a series of drawings; for example, twelve drawings describe the steps of hysteromyomectomy, and thirty-two explain perineal lacerations and the steps of perineorrhaphy.

B. C. W.

**NORMAL HISTOLOGY.** By Edward K. Dunham, M. D. Lea Brothers, Philadelphia, publishers. Price \$2.75.

The arrangement of the subject matter in this work is convenient and well suited for laboratory work. The subject is thoroughly covered without superfluous matter. Dr. Dunham's style is clear, distinct, and precise. For students I have seen no better histology.

J. T. P.

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## COLLEGE AND SOCIETY NOTICES.

The fifth quarterly meeting of the Northeastern Ohio Eclectic Medical Association met at the Hollenden Hotel, Cleveland, September 8, and there was a good attendance. The Society was honored by the presence of Professor Lyman Watkins, who gave a very interesting lecture on Neuropathology. The Professor was at his best and covered the subject in such a thorough and scientific manner and showed such advancement of thought that he held his audience spellbound for nearly two hours.

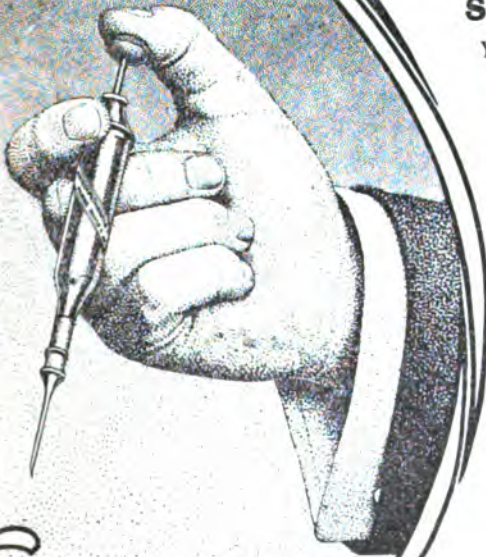
Dr. H. C. Spencer read a paper on Scarlet Fever which teemed with the latest theories and up to date treatment.

Dr. E. E. Bechtel presented a clinic with stomach trouble.

Dr. O. A. Palmer presented an interesting specimen of uterine

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**BATTLE & CO.,** CHEMISTS CORPORATION, **ST. LOUIS, MO., U. S. A.**

fibro-polypus weighing three pounds which he had successfully removed.

Dr. W. K. Mock presented a clinic with *tabes dorsalis* of cerebro-spinal type. The patient almost blind from atrophy of the optic nerve. The case was ably discussed by Professor Watkins as to the latest theoretic etiological factors and extensive pathology.

Being the annual meeting, after the literary the business session was resumed and the following officers were elected:—President, Dr. T. D. Hollingsworth; Vice President, Dr. O. A. Palmer; Recording Secretary, Dr. A. F. Green; Corresponding Secretary, Dr. E. E. Bechtel; Treasurer, Dr. W. K. Mock.

The next meeting will be December 8, 1904.

*Attention Members Ohio State Association.*

The list of delinquents is altogether too large; while we have notified every one in arrears, remittances are coming in very slowly. The transactions are in press and will soon be ready to distribute. The fact should not be overlooked that members who are not in good standing will not receive the publication unless they pay up. Let us have a general response without further delay.

R. C. WINTERMUTE, M. D., Treasurer, 4 W. 7th St. Cincinnati.

NOTICE.—All members of the class of 1894, are requested to be present at the next National, to be held at Saratoga Springs, New York, for the purpose of holding a class reunion. Make your plans to go to Saratoga Springs in 1905.

R. O. Campbell, M. D.

George R. Preston, E. M. I. 1903, who passed the Pennsylvania Board in 1903, has just passed the New York Board, and will be located with his father, W. B. Preston, E. M. I. 1867, at Danville, New York.

MARRIED, at Mansfield, Ohio, Sept. 18, Elizabeth G., daughter of Dr. and Mrs. J. H. McElHinney, to Dr. Fred Doolittle.

## READING NOTICES.

I have prescribed Sanmetto with much satisfaction in diseases of the genito-urinary organs—with marked effect in prostatic troubles of old men, and in different kinds of urethral inflammation, even in gonorrhea. It is certainly an excellent vitalizing tonic to the reproductive system. I am using original packages, except very rarely in smaller quantity, and then I am absolutely sure that no substitution is practiced, as I see to it with my own eyes, if necessary, that the genuine article is gotten by my patients. The subject of substitution, so largely practiced, is one of pre-eminent importance, and needs to be watched by all physicians, with both eyes. J. W. ROBB, M. D. RUSSELL, KANS.

**FOR RELIEVING PAIN.**—Without doubt, there is nothing pertaining to materia medica which has received so much study and widespread research among medical men as have those materials whose nature and properties are indicative of curative value in the relief of pain.

In this extensive research hamamelis virginica has been proven through extended practical demonstration to contain more anodyne (pain relieving) and healing virtues than anything yet discovered.

But, in order that these desirable qualities may be obtained, it is vitally essential that a preparation of hamamelis should be of strict uniformity and reliable standard. This is only possible through expert preparation and upon a large scale, and in Pond's Extract the ideal relief, not only for pain, but for soreness, lameness, hemorrhages, inflammations, etc., has been obtained.

The belief that ordinary witch hazel is "just as good" as Pond's Extract is fraudulent on its face. The fact that you get so much witch hazel for so little is evidence sufficient of its deception.—*The Trained Nurse and Hospital Review*.

Both tea and coffee are excitants of the nervous system, producing sleeplessness through increasing the action of the heart. This condition is followed by reaction, which in sensitive subjects approaches a toxæmia, comparable to that from the abuse of alcohol or opium. The symptoms from acute or chronic caffeism are feelings of apprehension, with a vague nervousness, tremulousness, vertigo and various digestive disturbances. The effects may prove more deleterious than mere temporary annoyance, and may lead to persistent functional disorder of the nervous system.

Coca has, happily, none of these ill effects, while possessing all the advantages of an exhilarating stimulant that might be well employed as a daily beverage. Mariani, of Paris, prepares a fluid extract of Coca, termed Vin Mariani, which represents all the qualities of true Coca. A teaspoonful of this in a cup of hot water—with sugar and cream if desired—forms a very pleasant drink, not unlike a good breakfast tea in flavor. This is not only a stimulant to digestion, but will aid the system in the performance of its functions.

As a tonic-stimulant, Vin Mariani may be taken either before or after meals. Coca does not excite to an excess of nervous effort, but has a marked influence upon muscular tissue.—*The Coca Leaf*, November, 1902.

f For nervous irritability, and insomnia accompanying the menopause, Daniel's Con. Tinct. Passiflora Incarnata should be administered in teaspoonful doses every hour, gradually lengthening the interval as the nervousness is controlled. Its action is especially gratifying with neurasthenic patients. It relieves neuralgia, and gives results where other calmatives are powerless. Several cases recently

reported of hysteria and sleeplessness in patients of all ages, due to dissipation, overwork, and other causes, indicate that practitioners are obtaining splendid cures from *Passiflora*, and dwell with emphasis on the fact that no bad after effects are encountered.

*Passiflora* gives quietude and refreshing sleep, and may be employed with assurance in all affections of the nervous system.

Lord Lytton said "There is purpose in pain." How true is the fact, especially from a diagnostic point in diseases of women. Dysmenorrhea, that distressing manifestation of uterine obstruction most frequently caused by congestion, is only one of the many instances. To equalize pelvic circulation and remove uterine engorgement is the object to be attained, and is best accomplished by administering Hayden's Viburnum Compound.

Dr. James Charles Copeland says in his "Menstrual Treatise" in chapter on Menstrual life of Women, "For Dysmenorrhea characterized by sharp, colicky pains there is nothing better than Hayden's Viburnum Compound."

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## ZYMOTOCINE,

ZYMOTOCINE is the only internal germicide which will kill the bacilli in the alimentary canal and in the blood, and at the same time eliminate their toxins without harm to the patient. It will prevent or control all zymotic diseases, and cut short or abort true cholera infantum in from twelve to twenty-four hours, and pneumonia, bronchitis, broncho-pneumonia, malignant malaria, typhoid, puerperal (or child-bed) septic fever, in from three to six days after the forming stage is fully past.

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# It's The Ideal Emulsion Why?

Because its formula is physiologically correct.  
 Because it's not medicated,—just easily digested fat.  
 Because it's pancreatized,—Nature's way of emulsifying fats.  
 Because its menstruum prevents coalescence of globules in stomach.  
 Because it produces no disagreeable after-effects.  
 Because it contains no oxidized fatty acids to irritate stomach.  
 Because patients like it,—it's palatable.  
 Because it's economical—its fat content is high.  
 Because it's ethical,—advertised to the profession only.  
 Because it always contains the purest Lofoten Cod-Liver Oil.  
 Because the verdict of the profession is that it can be absorbed and assimilated when plain oils and ordinary emulsions are rejected.

Such are some of the chief reasons, briefly stated, why Hydro-leine is the ideal emulsion. Sold by druggists. Write for literature.

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## ORIGINAL COMMUNICATIONS.

### NEUROPATHOLOGY.\*

By Prof. Lyman Watkins, M. D., Cincinnati, Ohio.

OUR knowledge of neuropathology is based upon a study of the causes of disease and the effects of these causes upon structure and function. The causes of diseases are internal or external, intrinsic or extrinsic, inherited or acquired; sometimes the two are combined. In common with other parts of the body, the nervous system is subject to inflammation, congestion, infection, traumatism, and those morbid conditions which affect tissues generally. But the results of the action of these causes upon nerve structures have their distinctive manifestations. An inflammation of stomach, joint or muscle, displays an array of symptoms which differ from those arising from similar processes in brain, cord or nerve. While heat, pain, redness, swelling and impaired function are characteristic of inflammation, to these are added other symptoms in neuropathology. Thus in encephalitis, mental confusion and palsies appear, in meningitis there is delirium, hyperesthesia and retraction of the head with tonic and clonic convulsions, and in neuritis muscular twitchings, contractures and paralyses. Nervous diseases are either organic or functional; a functional disease is unattended by structural lesions discoverable before or after death. Every disease must have a cause and the number of strictly functional diseases is becoming diminished under increased facilities for investigation and improved methods of examination.

The more efficient ways by which advances have been made in our knowledge of neuropathology consist in a greater refinement in microscopical and chemical technique, in a careful and detailed study of de-

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\* Read before the North-eastern Ohio Eclectic Medical Association, Sept. 8, 1904.

velopmental, degenerative and regenerative processes, and in delicate experimental tests with electrical and other apparatus. Working along these lines Hodge has shown that in occupation neuroses, microscopical changes resulting from physiological fatigue, appear in motor neurons. Gordiner has demonstrated that paralysis agitans is primarily due to vascular changes, while focal or Jacksonian epilepsy has been repeatedly proven to be caused by organic cerebral lesions. The researches of Nissl on the chromatic reactions occurring in the hyaloplasm and spongioplasm of motor neurons have established the pathological significance of Nissl bodies. Also "the conception of the nervous system as composed of neurons which are independent morphological units in contiguity but not in continuity, the one with the other, yet withal, having a physiological association and mutual interdependence," affords an explanation of some of those conditions called functional. However, it frequently happens that a storm of nervous agitation may lash the body into waves of intense manifestations, and yet, after all is over, very little evidence of the disturbance remains. A violent hysterical attack may appear to derange every function to such an extent that there certainly would be severe and permanent injury remaining, but the patient recovers without damage. A paroxysm of epilepsy may seem to rack the body so that serious impairment is bound to follow, but when the convulsion subsides the patient may resume his usual occupation apparently unaffected by the disorder. An intense and fierce delirium may be followed by a peaceful sleep and the patient restored to health with nothing to show that the nervous system was involved. As a broad lake may be lashed into commotion by a storm with waves rolling high and inflicting damage on all that comes in the way, and yet, on the next morning, present a placid or gently rippling surface, so likewise may we find the nervous system perturbed with no perceptible lesion after the trouble is past.

Sometimes waves of nervous excitement sweep over entire communities. Thus a neighborhood may be aroused by a crime of great atrocity, and impelled by blind unreasoning fury vent its wrath upon an innocent victim. A high state of religious ecstasy may influence an assembly of devotees to express their enthusiasm by jumping, spinning about, dancing, shouting and singing until they fall exhausted. In 1418 A. D. St. Vitus' dance broke out in Strausburg and spread like wild fire over the whole of Germany and the Northwest while later Tarantism passed through Italy like an epidemic.

Heredity is the most frequent internal cause of nervous diseases. The perverted strain may descend through several generations, sometimes passing one to appear in the next. The biased tendency does not always give rise to the same affection, it may show itself in slight mental peculiarities in one, in neurasthenia in another, in hysteria in another, in mania or in epilepsy. Any progenital influence that would tend to arrest development or induce premature decay of neurons may cause dementia, imbecility or idiocy in the offspring. Among

such influences may be mentioned alcoholism, syphilis, intermarriage, general faulty nutrition, and anemia. In common with other cells of the body every neuron possesses an inherent vital energy which enables it to store up nutrient material for kinetic service. Although constructive and destructive metabolism is constant in healthy neurons, the balance of potential is high, and this standard can be maintained until fatigue is indicated by a natural inclination to sleep when nerve force is renewed. In the neuropath the balance of potential is low and it requires but slight stimulus to cause a discharge or waste of nerve energy as in hysteria or epilepsy. There may be a low potential of all neurons or but of centres or parts of centers. It is a low potential, a lack of resistance, a neural instability, that is inherited.

It is sometimes difficult to obtain a correct family history when examining a patient, for much that is of importance may have been kept from him, and there is usually a stubborn reticence in regard to family infirmities. It is always well to add something to that which is learned from the patient. Other members of the family, friends or old acquaintances may throw light on doubtful points. We may not find, in the family history, an exact counterpart of the case under consideration. The essential factor is the neuropathic tendency, the low potential, which may have variously manifested itself in the past. There are certain nervous affections that from their regular appearance in decendants are called "Family Diseases" types of which are Huntington's chorea, muscular atrophies, and Freidrichs' ataxia. The ataxias are transmitted through the female line, although occurring for the most part in the male. Some diseases, such as chlorosis, exophthalmic goitre, and myxedema, are almost exclusively found in the female, while they are comparatively free from Addison's disease, locomotor ataxia and general paralysis. Of the external causes of nervous diseases the most prominent are pathological states of the blood or lymph, an absence of normal or the presence of abnormal elements in these fluids.

The very peculiar although well known condition of arrested brain development called "Cretinism" is due to an absence of the secretion of the thyroid gland. Cretinism in its various stages has been arrested and children that were almost idiots have been restored by the thyroid treatment. The improvement under this treatment is marked. In stead of the dull, sluggish mental condition with stupidity or irritability, the patient becomes sound in mind and body with normal mental apprehension. In administering thyroid extract it is sometimes necessary to begin with very small doses, two or three grains daily; the size of the dose may be increased as the patient can bear the remedy. An excess in thyroid secretion is a pathological factor in exophthalmic goitre. A striking picture is presented by this disease in its exaggerated forms, the protruding eyes, the congested face, the fine tremors, the cardiac palpitation, the nervousness and mental excitement, indelibly impress themselves upon the mind of the

observer. Sodium phos. has of late been urged as a specific in Graves' Disease. The dose is sixty grains, well diluted with water, three times a day. Favorable reports have followed the use of thymus glands, usually given minced, raw, to the amount of one gland per day.

The nervous phenomena of anemia, due to a deficiency of normal blood elements, especially oxygen and iron, are cardiac palpitation, functional depression, lassitude, mental fatigue, neurasthenia, hysteria and melancholia. In anemia the tissue supply of oxygen in the blood is inadequate because of a diminution in the quantity of hemoglobin, the oxygen carrier of the red blood corpuscles. Although hemoglobin is an iron compound and this metal would seem to be indicated in anemia, iron will not make red blood corpuscles, this must be done by the blood forming organs, and ferruginous preparations are of benefit only when they are absorbed and enter into the composition of the blood. In passing it may be well to refer to the preparations of iron most available in the treatment of the nervous symptoms of anemia, although the treatment for the nervous symptoms is that which applies to the treatment of anemia in general. A solution of the peptomanganate of iron and manganese is frequently indicated and appears to help a large number of cases. Howe's Acid Solution of Iron is indicated by pallid mucous membranes, debility, weakness, languor and alternate skin flushings. Tr. Ferri Chlor. by deep red tongue. Blaud's Mixture, which consists of the sulphate of iron and potassium carbonate, is a valuable combination in some cases of anemia. Medicine alone is not sufficient to cure anemia. Hygienic and dietary rules must be enforced, the bad habits of the patient corrected, and irritating and depressing influences removed.

The nervous symptoms of uremia are due to the retention of effete material in the blood from renal inactivity. Urea is a normal constituent of the blood, but in excess it gives rise to nervous disturbances, such as headache, drowsiness, mental aberration, polyneuritis, convulsions and coma. A patient, previously in good health, may be suddenly poisoned by his own retained secretions, and convulsions followed by coma may be the first alarming signal of a serious general condition. The nervous symptoms of chronic uremia are developed gradually: they are periodical headaches, temporary vertigo, roaring in the ears, fleeting blindness, formication and numbness. These symptoms are danger signals which should cause searching investigation. The treatment of uremia is beyond the scope of this paper but as urea is abnormal only from retention, two indications are evident, a restoration of the kidneys to their normal condition and the elimination of retained products. Jaborandi, sweat baths and active catharsis with saline medicines form the basis of our eliminative treatment both in acute and chronic uremia.

Uricacidemia, a misnomer for the blood is never acid, is accompanied by high arterial tension, headache and nervousness. The keynote of this condition is also elimination. The lithium salts are pro-

bably our best agents for an excess of urates in the blood; they not only render the urine alkaline but are supposed to form lithium urate, a readily soluble salt. Piperazin in doses of fifteen grains three times a day is also a valuable remedy in "uricacidemia." The chief nervous phenomena of diabetes mellitus are multiple neuritis and coma. Obstructive jaundice is attended by itching, formication, vertigo, stupor, mental aberration and coma. Infectious diseases are frequently accompanied by delirium, stupor and coma.

In some cases the virus of an affection has a selective action upon certain parts of the nervous system. In tetanus the morbid element markedly exerts its influence on the motor nucleus of the fifth nerve: in rabies upon the medulla, and diphtheritic paralysis is usually glosso pharyngeal in the beginning. Saturnism, an ataxic neurosis, due to lead poisoning, first affects the nerves controlling the extensor muscles of the wrist, causing the characteristic "wrist drop." Lead paralysis is progressive and in time may involve all the extremities, but the lower limbs are rarely completely paralyzed. The hanging hands, the peculiar uncertain, stooping, tottering gait of lead palsy are pathognomonic. Encephalitis saturnina, a chronic inflammation of the cerebral cortex, gives rise to complex symptoms, and the resulting mania has certain well marked features, being at first tranquil, later paroxysmal and furious, gradually passing into a state of dullness, stupor and somnolence. The treatment of plumbism is usually successful, the chief remedies are potassium iodide and magnesium sulphate. The nervous phenomena of syphilis are too numerous for discussion here, but locomotor ataxia and general paralysis are characteristic. Alcohol is only second to heredity as a potent cause of nervous disease, but there is a great diversity in the effects of this drug upon the nervous system, and in some cases no bad results follow moderate drinking although indulged in for a life time. It is in those of a low potential, the neurasthenic, that the agent causes the greatest damage. An unstable condition of the nervous system with hereditary predisposition makes a call for alcoholic stimulants imperative. At first, and in moderate quantities, alcohol may "steady the nerves" but in the neurasthenic the resulting depression is greater than in those of a stronger nervous organization; this leads to the drinking of a larger quantity of the stimulant and thus a vicious and destructive habit is formed. However, alcohol frequently injures the strongest nervous system. Alcoholism causes acute delirium, tremors, visual and auditory hallucinations of a very distressing and disagreeable character. The poison acts upon the higher mental centres, successively implicating the functions of the brain in an adverse order to their development. First moral control and responsibility are weakened, next judgment and deliberation become feeble, later attention and concentration are impaired, and finally memory and receptivity become blunted. "Alcoholic dementia is characterized by absence of knowledge of time and place, personal illusions, mental degradation and loss of memory;"

the vacant stare, the senseless mutterings and the aimless wanderings of the patient are familiar phenomena.

The neuroses of alcohol are many, polyneuritis, various phases and forms of paresthesia, anesthesia, hyperesthesia, neuralgia, visual disturbances, epilepsy, mania and coma. In delirium tremens the brunt of the attack falls on the nervous system, the maniacal excitement, the terrifying hallucinations and the convulsive paroxysms all tend to permanently injure nerve structures. The most frequent post-mortem evidences of alcoholism are cerebral softening, meningeal congestion and arterial hardening.

Morphinism causes serious derangement of the central nervous system. The temper of the victim is capricious and fanciful, there is a feeling of uneasiness and discontent, sleep is disturbed and the patient is restless, gloomy and melancholy, the hands and tongue are tremulous and he complains of flying pains and giddiness. Upon a patient in this condition the effects of morphine are exhilarating with and increased activity of mind and brilliancy in conversation, and there is a comfortable feeling of contentment and well being, this is followed by a profound and terrible depression. Opium eaters have a notorious disregard for truth.

Arsenic, haschesh, tobacco and other drugs produce peculiar and special nervous disturbances, but the most prominent of all is cocaine. Like morphomania this habit is frequent among physicians. In cocaineism the feeling of oppression, faintness, palpitation and general nervousness is greater than that following in any other drug habit when the drug is withheld. In the cocaine habitue there is an increased irritability of temper, a shortness and sharpness of speech, a restless jerkiness and a constant feeling of itching and formication which is so common in the cocaine fiend that it has received the name of the "cocaine bug." Without his accustomed stimulant the patient is unable to attend to business and is greatly fatigued by slight exertion, judgment and memory become impaired and his lack of veracity is so evident that he cannot be believed in any manner on any subject. He is boastfully busy, yet never accomplishes anything, and his disregard for his obligations is remarkable. Finally insanity becomes well marked and the wreck is complete.

But aside from nerve phenomena due to heredity or to abnormal conditions of the blood and lymph, there are other causes which call for consideration. Structure and function are mutually reciprocal and interdependent. A structure that is not exercised will atrophy, and in time lose its function; a function that is allowed to lie dormant becomes more and more difficult to evoke, and finally disappears. The longer a perverted function continues the greater its tendency to increase or become permanent. These facts are of importance in functional neuroses and psychoses, hysteria and melancholia. Hysterical paralysis, at first voluntary, later becomes actual and the patient is as completely paralyzed as if the lesion was organic in the beginning.

Persistent hysterical joint flexure, long continued, may result in permanent deformity, and chronic melancholia leads to insanity.

Abnormal stimuli within the cerebrum leads to many diverse results. In the hysterical and insane, indistinct noises due to abnormal stimulus from within later convert themselves into voices, and the patient imagines he hears commands, which he sometimes ascribes to divine direction, to do many strange things, even to the commission of acts of shocking cruelty and deplorable results. It is sometimes difficult to distinguish between a normal and an abnormal mental condition, and that which passes for mere eccentricity in one may be regarded as an evidence of insanity in another. A part of the brain developed beyond the rest may be taken for genius in one and as mental perversion in another. Opinions are governed by results, for one individual may be abnormally pious, another extremely vicious, and society will call for the deification of one and the incarceration of the other, yet neither is responsible for his condition, and both are morbid.

A well balanced brain is a good thing, still special development is necessary when great excellence in any one direction is to be attained. It is essential to specialize in order to become proficient, and we can not excel in all points. When a man becomes absorbed in a special subject his interest in other matters wanes and he becomes classed with "cranks." There is a saying that the world is turned by cranks, which is true in so far as it means that concentration of thought and energy are required for any important achievement.

Disturbed mental states, called by neurologists mental pain or mentalgia, are sometimes the cause of nervous diseases. Grief, suspense, fear, worry, anxiety, fright, shock, and violent emotions may, in the neuropath, act as exciting causes of dormant neuroses or psychoses. Fright is a frequent developing cause of chorea; hysteria is often due to worry and disappointment; grief and despondency may terminate in melancholia; mania is preceded by fear and suspense, whilst a violent fit or rage may be followed by apoplexy and paralysis. Excessive brain work and study, especially in the immature and growing, cause many nervous symptoms. A child pushed by ambitious parents may show a precocity beyond its years which must later be compensated for by a legacy of neurasthenia.

By years of study and experiment the functions of the brain have, to a considerable extent, been differentiated and located, so that it is possible at times to determine the exact site of a lesion, and perhaps execute successful remedial measures. When there is pressure upon the cortex caused by effusion, tumor, thickening or depression of the skull, or irritation from spiculæ, the discoveries in cerebral localization and topography render the diagnosis of the seat of disease a simple matter in some cases, and the physician can as precisely locate the lesion as a mariner his longitude and latitude. The region devoted to the higher mental faculties is in the anterior portion of the frontal lobe, but the centers for the intellectual attributes, reason, judgment,



ideation, will, love, hate, moral faculties, are not yet specialized. That traumatism of the brain will cause much derangement of mentality and changes in individuality is well known. Like conditions may occur from pathological states not due to traumatism; these may also be relieved by proper measures. The insane patient is to be regarded as suffering from structural wrongs, rather than from innate viciousness.

We do not at present hear so much in regard to reflex nervous disturbances as formerly, and many alienists claim that nervous troubles from reflex irritation are rare. One prominent nerve specialist asserts that nervous diseases due to reflexes from uterine and ovarian irritation are a myth, and that urethral, rectal, or abdominal reflexes seldom occur. He says that "one hysterical patient tutored by an enthusiastic reflectionist can relate a category of symptoms limited only by her imagination and her verbosity." In the later works reflex irritation as a cause of nervous disease is recognized as a primary and not a secondary trouble. While it is true that urethral dilatation will not cure muscular atrophy, nor stretching the rectum arrest locomotor ataxia, nor hysterectomy or ovariectomy restore the insane, still we can not ignore the fact that spasms will arise from teething, from worms, and from undigested food in the intestinal canal; vertigo and tinnitus from hardened ear wax, and that errors of refraction will cause headache and migraine; while it is very sure that circumcision will, at times, relieve certain symptoms, and that cardiac palpitation is a very common occurrence in gastric derangements.

That bewildering array of nervous manifestations occurring without pathological basis, and termed by neurologists "neurasthenia," has been frequently alluded to in this paper. But Prof. Chas. L. Dana, in a recent address before the New York County Medical Society, made the assertion that there was no such nervous condition as neurasthenia; that the so-called neurasthenia should be classed as prodromal stages, aborted efforts, or shadowy imitations of definite psychoses; that they are only a kind of understudy of types of insanity, dementia, or hysteria. This is undoubtedly true, and neurasthenia, as a distinct disease, will in time be dropped from our nomenclature. Also various premonitions are in the neurological horizon which indicate that presently the time honored and popular hysteria will pass to be classed as a kind of understudy of some types of insanity, dementia, or as willful perversity. Thus are our most cherished idols shattered by the iconoclastic hand of science. Truth is mighty and must prevail, but considering her strength, she is a long time about it on some occasions.

A complex and intricate structure like the nervous system must always be a source of speculation and perplexity, and its intimate relation both to normal and abnormal vital processes makes it of extreme interest and importance. Through the nervous system we live and move and have our being; through it we become aware of our

own existence and the existence of things around us ; without it we are like sticks or stones, inanimate, senseless objects. Intact the brain, the largest ganglion of this system, is the pride, the glory, the ruler of the earth ; perverted it exhibits the saddest spectacle of life. Man is said to be the noblest creation of nature and the highest animal. But he is only so because of his cerebral endowments. He has tamed the lightning, subdued the elements, and caused the desert to bloom as the rose. But all the grandest, loftiest actions of man, all his greatest works in science and art, every worthy and splendid achievement, was first conceived in his mighty brain ; and thus gifted he is far above and beyond any other animal. And while the gulf is long and broad and deep which separates man in his highest estate from the lower animals, this gulf becomes narrow, short, and shallow when man falls to his lowest, most degraded, ignorant, and depraved condition. Man is a higher animal only when his nervous system is developed ; the growth of no other part, muscular, gastric, or respiratory, exalts him. He is excelled in muscular power by the mule, in gastric ability by the pig, in respiratory adaptability by the frog, in vision by the hawk, in olfaction by the dog, in palpation by the cat, and in audition by the grasshopper. Indeed he is inferior to some animals except in brain power.

The superior advantages conferred upon man by the enlargement of his cerebral talents—this delicacy and refinement—render him more amenable to injury. A slight clouding of the gray matter of the brain, and a sparkling intelligence becomes perverted, dimmed and wavering. A small clot of blood in this location will bring profound coma, with loss of sensation and motion, upon a body just before seething with activity and acutely perceptive. The brain may suddenly or gradually lose its faculties. In softening, in general paralysis, in artero sclerosis, we find at first that the changes in the patient's mentality are not marked ; but as the morbid processes continue the mind loses its customary brilliancy, and the mental operations are slow and blunted. Friends say of the patient that "he is not the man he used to be." These conditions are pathetic when the victim realizes that he is passing into a state of imbecility or insanity, and his efforts to appear rational are evident until the change is total.

As the nervous system, with its fine filaments permeating every part, endows the tissues with motion and sensation, and protects and conserves the body, so, when abnormal, does it react to derange, pervert, or destroy vital functions. To correctly influence a delicate organ like this requires much careful study and discernment, and in this field, as yet but partially explored, there is promise of great reward for him who will solve the complex problems thus presented.

**WHAT THE MEDICAL PRACTICE ACT HAS ACCOMPLISHED FOR OHIO.\***

By S. B. McGavran, M. D., Cadiz, Ohio.

**O**N February 27th, 1896, a registration law was enacted by the General Assembly of Ohio, and amended April 14th, 1900, providing for the examination of all applicants for registration.

In order that you may appreciate the benefits of the Medical Practice Acts of Ohio, permit me to say, that prior to the law of 1896, there was, in reality, no regulation of the practice of medicine in the State of Ohio.

Under the provisions of the law of 1888, to be a legal practitioner one must, in addition to being a person of good moral character, either, first, have attended two full courses of instruction and graduated at some school of medicine in the United States or foreign country; or second, produce his certificate of qualification from some state or county medical society; or third, have been continuously engaged in the practice of medicine for a period of ten years.

This law, for all practical purposes, was inoperative. We had no referee to determine whether some school of medicine was genuine or fraudulent; whether some medical society really existed; or whether a practitioner had engaged in the practice of medicine ten years or ten months.

The Medical Practice Act of 1896, provided for the appointment of a board of seven members for registration and examination. The board so appointed to be physicians in good standing and represent the different schools of practice in proportion to their strength relatively. No school to have a majority.

This board was appointed by the governor and met in Columbus on March 24th, 1896, and organized and assumed the herculean task of carrying out the provisions of the new law. What the Medical Practice Act has accomplished in Ohio will, no doubt, be as fully answered and explained by giving you a brief history of the doings of the board under the guidance of the law.

Under the law, the Ohio Board of Registration and Examination had, in short, these duties to perform:

First—To register physicians entitled to registry.

Second—To prescribe rules and regulations for applicants for registry.

Third—To determine what is a medical college in good standing.

Fourth—To prescribe rules and regulations as to standards of admission to medical colleges.

Many responded cheerfully and promptly. Others resented this peremptory challenge of their vested rights. As a result 6701 certificates upon the basis of graduation were issued, and 119 applicants upon that basis were rejected. Six hundred and sixty-five certificates were

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\* A portion of the paper read at the National Confederation of Examining and Licensing Boards, New Orleans, May 4, 1904.

issued upon the basis of ten year's practice, and 175 rejected, during the first year's work of the board.

The total number of certificates issued since the passage of the law is as follows: To graduates, 9,964; to legal practitioners, 723; total, 10,687. *Rejections*: Graduates, 223; graduates on examination, 53; legal practitioners, 227; total, 503.

As a result of all this we have an official register of all the legally qualified physicians of the state, by counties, giving name, school, residence, date of state certificate, basis of issue and date of diploma.

"Previous to the passage of this law, a physician could claim graduation from any legally chartered school, and as there was no one to investigate his claim, such an imposter was very rarely found out. The registration law has compelled not less than five hundred so called practitioners of medicine to give up the practice of medicine in the state, and during 1896, considerably more than that number left the State of Ohio, or discontinued practice without having made any attempt to register."

There has been a decided change in the opinion of the law by the physicians. The successful administration of the registration law prepared the way by educating the physicians, and helped to secure the passage of the present examination law.

#### MEDICAL COLLEGES.

Our law gives the board the unqualified right to determine what is a medical college in good standing. From this there is no appeal.

#### PRELIMINARY EDUCATIONAL REQUIREMENTS.

Perhaps the greatest accomplishment of the Ohio Medical Law is that it requires a minimum standard for admission to medical colleges. Before the passage of this law the youth of Ohio could enter the medical school with a limited knowledge of orthography, writing, reading and arithmetic. Note the change. To enter a medical college of Ohio at this time the applicant must present certain credentials, or stand an examination covering a four years graded high school course.

#### MIDWIFERY.

As a result of our law all persons desiring to enter upon the practice of midwifery must pass an examination.

#### IMMORALITY.

One of the wise provisions of our law is that it gives the board the right to refuse to grant a certificate to any person guilty of felony or gross immorality; or addicted to the liquor or drug habit to such a degree as to render him unfit to practice medicine or surgery; and may, after notice and hearing, revoke a certificate for like cause.

Acting under the provisions of this law, the board has refused to grant a number of certificates; and other certificates have been withheld until the applicant has furnished satisfactory evidence that he had given up the liquor habit, and it is confidently believed that the one who had gone astray had been reclaimed. The strong arm of the

law has been thrown about those guilty of immoral practices and their certificates have been revoked.

It is difficult to enumerate all the advantages the law has been to the profession and the citizens of our commonwealth in disrobing charlatanry and criminality, and guarding the portals of the profession against incompetency. A revolution of sentiment has taken place in Ohio. The conditions that hindered progress in the past have been removed. Ohio has been elevated to the front rank instead of being the dumping ground for our sister states. Our flag waves an invitation to all newcomers, but they must pass an examination and attain an average grade of seventy-five per cent. The supervision that has been placed over medical colleges has made it impossible for fraudulent schools to exist. Our medical colleges are open to all, but the applicant must comply with the standard for entrance which is uniform throughout the state, "not less than a high school standard."

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#### UTERINE POLYPUS.\*

By R. B. Keeran, M. D., Findlay, O.

**T**UMORS springing from the inner wall or inside surface of the uterus, whether sessile or pedunculated, are denominated polypi. In this classification cancerous fungoids and cauliflower excrescences are not included; and solid and cystic tumors confined to the uterine parietes, and do not reach the mucous lining, can not be called true polypi, at least till in their development they approach the endometrium and cause it to bulge. A peduncular tumor may have been sessile in its nascent stage; and then through gravity and enveloping pressure it descends the uterine cavity till a pedicle develops. After an intraparietal uterine tumor has in its growth left its original seat and become elongated, it may be pronounced a polypus.

The anatomical character of a polypoid tumor is likely to be similar to the structure from which it springs. If the base of the neoplastic growth reach to the fibrous or muscular tissue of the womb, the morbid mass should be fibro-myxomatous, but if the foot stock rests in mucous or submucous texture, the meshwork of the growth will be almost gelatinous, expanding and contracting like a nasal polypus. The glandular variety of polypoid developments arises usually from the enlargement of a cervicle follicle, and rarely attains a large size. The polypus to be attached to the lower margin of the uterine cervix.

The term polypus signifies a many-footed creature. If we are to be forever misled by the etymology of the term, it is a pity that polypus ever became a pathological expression. Polypi are pedunculated of necessity; they grow or develop in cavities, and being soft they conform to surroundings. Besides, they are rarely many-footed; they usually are single-stalked, especially if they be uterine.

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\* Read before the Ohio State Eclectic Medical Society.

The most troublesome polypus is the fibrous or myomatous variety, for its base or pedal attachment is in the deeper recesses of the womb where it excites uneasiness and provokes hemorrhages, and where the base is difficult to reach with instruments.

A polypus wholly within the uterine cavity has to be judged by subjective signs. It is attended with discharges of an offensive nature, hence cancer may be suspected. There are occasionally experienced bearing down and expulsive pains, as if the womb were making an effort to get rid of a foreign body.

A polypus which extends from the inside of the womb through the os and into the vagina, presents objective signs; it can be both seen and manipulated. Such a growth worries the borders of the os and the walls of the cervix. The protruding tumor is apt to bleed when roughly handled; and may so thoroughly occlude the cervical canal that it is difficult to make a sound pass to the cavity of the womb. However, if the polypus be seized with forceps and dragged downward, space is made for the passage of exploring instruments. Menstruation is not checked by the presence of a uterine polypus, but a free discharge of blood may be prevented from ready escape. The pent up coagula at length decomposes and disintegrates, and gives off unpleasant odors, and it is not uncommon for a hemorrhagic flow to continue from one menstrual period to another.

If a uterine catarrh and metrorrhagia exists, and there be hurrying along a dangerous state of anemia, a correct diagnosis can not be too quickly formed. It is unpardonable to waste time in the employment of female tonics when a thorough exploration reveals the existence of an inter-uterine polypus. Be suspicious of metrorrhagia? it means cancer, polypus, or other tumor of the uterus. To ascertain the true cause of the occasional and paroxysmal hemorrhage is to dissipate conjecture and doubt, and to establish rational hopes. If an ordinary interstitial uterine myoma exists, its nature may be positively diagnosed. If a polypus be developing inside the womb, its existence may be determined. And without a correct diagnosis a rational curative method can not be adopted.

*Treatment.*—A polypus that is no larger than a Lima bean, and having its attachment to one of the lips of the os, is removed without difficulty.

The excision is made with a pair of blunt-pointed and curved scissors. The tumor is seized with a pair of long-handled forceps, and gently dragged upon while the scissors blades are carried to the basal attachment; then the open blades pass astride the tumor and close upon it at its connection with the womb. In fact a small portion of the uterine attachment is excised as the scissors make the deep cut, and the deep incision prevents a regrowth of the tumor. The bleeding will be moderate, and the pain endurable. An anæsthetic is not needed. The wound is to be left to itself, no local treatment being required. The operative procedure is without risk of any kind, and can be executed with forceps and scissors.

If the attachment of the tumor be anywhere along the walls of the womb, the tumor is pulled upon with forceps till its base can be reached with scissors blades. In case it might be necessary to dilate the cervical canal in order to make room for working the scissors blades, this can be done by dragging the womb down with volsellum forceps to a point to make it convenient to do so.

To excise the pedicle of a polypus that is attached to the fundus of the womb is a troublesome operation ; but by grasping the body of the tumor with volsellum forceps, a pair of blunt-pointed scissors curved on the flat can be sent along the course of the stretched pedicle as readily as along a tense cord. After the wall of the uterus is reached the points of the scissors are thrown apart and made to go astride the pedicle, and the cut is made with very little trouble. Traction on the pedicle facilitates the cutting process. There is no danger from hemorrhage in these operations, as the bleeding is very slight.

In conclusion, it should be our aim to relieve, and not hesitate to give those so afflicted our undivided attention, and remember that anything short of operative measures will not bring relief.

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#### SPECIFIC DIAGNOSIS.\*

By S. M. Sherman, M. D., Columbus, O.

**M**EDICAL diagnosis means distinguishing diseases one from another. Specific means particular or special, precise, to the point. Diseases are forms of impaired life produced by different causes, and they therefore present different groups of symptoms.

Ordinary diagnosis names these groups, while specific diagnosis goes into detail and takes cognizance of the particular conditions in these groups, and the symptoms to which they give rise. Eclectics have found that certain medicines will cure the conditions which produce these particular (or specific) symptoms, and from this fact such symptoms are said to *indicate* particular medicines. Usually there are more symptoms than one which indicate a remedy, but it is better to rely on a few, or even on one or two of the principal ones, that is, be as *specific* as you can. If the most prominent indication is met, the whole train of accessory symptoms will in most cases disappear at once.

A diagnosis to be of use should be specific, that is, it should point out something which will benefit the case in hand.

In reading the ordinary works on practice of medicine we are given the principal features of the disease and the name of it. Next we are told what particular microbe or bacillus is suspected of being the cause of this disease.

Then there are given a number of recipes which have been used with benefit in the disease named by eminent practitioners long since

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\* Read before the Ohio State Eclectic Medical Society.

gathered to their fathers, and we may use whichever our fancy inclines us to select.

Some may say, "this is not very definite prescribing." Well! it isn't. It is something like a man being directed to a hotel and when he gets there being handed a bunch of keys and told to help himself to a room. He does not know *which* room, nor what key unlocks any one, so he must try again and again until he has found the right key to some room.

Now he has learned this for himself, but it does not help the next guest. He must find the right key for *himself* by trying one after the other as the first man did. How much more satisfactory when the rooms and the keys are numbered and one knows at once, and *anyone* may know which key will unlock his room. It is something akin to this which *specific* diagnosis and *specific* medication do. They designate the condition (room) and the remedy(key) for it.

To be sure, some doctors who do not know of specific medication have by long practice and observation established for *themselves* certain general rules for giving medicines, and some even have *certain* signs by which they are guided in giving their favorites, and prescribe them with good success, but they have not formulated their knowledge in a way to be a guide to anyone else. It is their own personal knowledge and is not available to a beginner, nor to anyone except themselves.

In this way the practice of medicine might go on for ages without becoming a science, while if we develop specific diagnosis and specific medication until we can say in any case, *there* is the symptom and *here* is the remedy to cure without fail, we will have then reduced practice to a science. We have already made long strides in this direction, and have many agents for which we know the indications to a certainty. Specific medicationists *know* when to give aconite, marsh-mallows, nux, gelsemium, rhubarb, belladonna and many other medicines, and we must keep on studying until we have the indications for *all* we use.

Our graduates who have been instructed in specific diagnosis and medication will know at once what remedies are called for in their first case, and can *from the beginning* prescribe with a confidence that will bring them success.

How much better this way is, than to have a case full of medicines and not know which to give until he has tried one after another for years and finally found the right places for them.

In these uncertain years how much harm has been done. How many lives allowed to be lost because of uncertainty in the use of medicines.

Let us then study to diagnose *specifically, to the point*, and ours will be the greatest satisfaction.



## ACUTE PNEUMONIA.\*

By W. H. Hinklin, M. D., Marion, O.

**I**NFLAMMATION of the parenchyma of the lungs is a disease of frequent occurrence, and involving, as it does, so important a structure, its effect upon the general system is very severe.

The extent of the inflammation varies in different cases; sometimes but a portion of one lung is involved, at others one entire lung, and lastly, both lungs may be involved in the disease. If the inflammation is confined to one lung it is single, or if it affects both, double pneumonia, the last being a very severe disease.

Acute pneumonia is, in its symptoms, the type of the acute pulmonary affections. The hot dry skin, the flushed face, the quickened pulse, the extremely rapid breathing, the thoracic pain, the cough, and the peculiar expectoration, point out at once the acute nature of the attack and the organ that is disturbed; beginning commonly with a chill or flushes of heat, the disease progresses with the symptoms indicated.

There are three stages of croupous pneumonia. First, the stage of engorgement or congestion; second, the stage of red hepatization; third, the stage of gray hepatization, or the purulent stage.

The first stage is the result of a flow of blood in the affected part of the lungs, which causes an engorgement of the bloodvessels and a consequent distension of their walls. A piece of lung tissue at this stage will sink lower into water than healthy lung tissue, but it will not sink readily.

As the inflammation progresses a rusty or bloody serum escapes from these distended bloodvessels into the air cells and fills them; it assumes a granular form or appearance.

This material, after filling the air cells, extends into the intercellular air passages and into the smallest capillary bronchial tubes. This is the serum or material that is expectorated, and colors the sputum, when it is spoken of as "rusty sputum."

This material fills the air cells and involves much of the lungs at times; it gives the lungs a dark mahogany color, resembling the liver in appearance. This is the reason that this stage of pneumonia is spoken of as the stage of "red hepatization." If a portion of the lung at this stage of the disease were placed in water it would sink very readily.

Pneumonia very often commences to get well at the end of this stage and a resolution follows, but occasionally gray hepatization or the third stage supervenes. The transition step from the stage of red hepatization to gray hepatization is never well marked. The third stage of pneumonia commences by a mottling of the reddening lung tissues, that is, certain places in the diseased lung assume a marble or granite appearance. These spots multiply and spread; the deep

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\* Read before the Ohio State Eclectic Medical Society.

red color of the lungs fades, and the density of the stage of red hepatization becomes less and less, until the affected portion of the lungs is a mere pulp, breaking down under slight pressure. This condition of degeneration continues until pus cavities are formed in the lung tissue and this purulent material is expectorated freely.

Croupous Pneumonia may terminate in resolution; in suppuration; in abscesses; in gangrene; in chronic pneumonia or in fibroid phthisis.

Because a whole lobe is involved in this inflammation, it is sometimes spoken of as lobar pneumonia.

The following are some of the diagnostic physical signs of the first stage of pneumonia.

Inspection—Restricted chest movements.

Palpation—Vocal fremitus slightly increased.

Percussion—Slight dullness over affected lung tissue.

Auscultation—Respiratory murmurs will be lessened in diseased tissues and increased in well tissues (This is a symptom of this stage only.)

The following are some of the diagnostic physical signs of second stage or the stage of red hepatization.

Inspection—Expansion diminished on affected side and increased on the well side.

Palpation—Vocal fremitus increased.

Percussion—Dullness over affected lung tissue.

Increased resonance in well tissues. (Change of patient's position does not change location of dullness.)

Auscultation—Bronchial breathing and bronchophony. The characteristic symptoms of this stage are dullness, bronchial breathing and bronchophony. In the third stage of pneumonia the physical signs are the same as in the second stage until the latter part of it is reached; then percussion will show a gradual decrease of dullness; auscultation will show a change from bronchial breathing and bronchophony to broncho-vesicular murmurs. Crepitant and sub-crepitant rales are heard as resolution takes place at the end of either 2nd or 3rd stages. It takes a considerable time for normal healthy sounds to be re-established. Many cases will never get well, but will make the change to phthisis pulmonalis from this stage.

The treatment of pneumonia in its different forms should be selected with reference to the indicated remedy. During the inflammatory or earlier stage of the disease the sedatives with the antiseptics, such as aconite, veratrum vir., tr. bryonia, ipecac, asclepias tub., rhus-tox., will be used. After the stage of red hepatization has been reached a stimulating and supportative plan of treatment should be used. If the patient's heart becomes weak and irregular and a cold sweat appears in connection with deep pallor, hypodermic injections of strychnia and nitro-glycerine should be used at the same time, giving the

antiseptics such as echafolta and baptisia. A favorite prescription for the last named condition or the latter stage of pneumonia in adults is:

R—Infusion of digitalis leaves,  $\text{℥iv}$ ; sulphate strychnia, gr.  $\frac{1}{4}$ ; one per cent. solution nitroglycerine, gtt. xxxi. M. S. One teaspoonful every three hours.

I will now name some of the remedies which may be often used in the treatment of pneumonia with their specific indications.

Aconite holds a prominent place in the treatment of pneumonia, especially in children and feeble persons. The pulse is *frequent* and *small*—the general indication—and if we can add the peculiar burning and constriction of the fauces characteristic of Aconite its action is so much more direct. We use it in small doses, as:

R—Tinct. aconite, gtt. v to gtt. x; water,  $\text{℥iv}$ . A teaspoonful every hour.

Veratrum is the remedy where the pulse is full, either hard or bounding. In some cases, marked by great irritation of the lungs, and an active circulation. In ordinary cases, it is better to give it in the small dose, frequently repeated, as:

R—Tinct. veratrum, gtt. x to gtt. xx; water,  $\text{℥iv}$ . A teaspoonful every hour.

Bryonia has a special influence upon the respiratory apparatus, and will be frequently indicated. The pulse is of medium size, and the amount of blood flows steadily, the wave not being well marked. But the special symptom now is the pleuritic pain, even though we have no other evidence of pleuritic inflammation. This pain or uneasiness is a cause of cough, and of unrest, and evidently increases the determination of blood to the lungs.

In some cases of inflammation of the lungs, we will find more than the usual amount of muscular pain, and a soreness of the respiratory apparatus, as if bruised, suggestive of rheumatism; and in addition to this we may have distinct pain in the walls of the chest. In this case add of Tinct. of Macrotys gtt. xxx.

We have the common indication for Rhus in pneumonia: the small pulse, the sharp stroke, bright flushing of the left cheek, pain in forehead and orbits, and the peculiar appearance of the papillæ at the tip of the tongue. In the child there is a sharp cry during sleep, and in the advanced stage of pneumonia the pinched features, and especially the contraction of the tissues about the eyes and around the base of the brain. When indicated by these symptoms, it is one of our best remedies, and I do not know one that will replace it; to the sedative mixture add tincture of Rhus. gtt. v. to gtt. x.

Ipecacuanha exerts a specific influence in controlling irritation and inflammation of mucous membrane. For these reasons we use it in the treatment of the diarrhea, of irritation, and in colonitis. If the inter-cellular passages and minute bronchial tubes are involved, it will be found an excellent remedy. Infantile pneumonia has been treated with this alone, the powder triturated with sugar being given

in doses or from one fourth to one grain, repeated every one or two or three hours, so as to produce slight nausea.

In the ordinary cases we add the Tinct. to our sedative solution in the proportion of gtt. x. to gtt. xx.

I employ Sanguinaria when there is an irritative cough and a sense of rawness and constriction in the throat. The secretion is a frothy muco-pus. The nitrite of sanguinaria is the best preparation, one to two grains to oz. iv. of simple syrup or water, a teaspoonful every two or three hours.

Echafolta—To correct blood depravation; tendency to sepsis and malignancy; gangrene; sloughing and phagedena; foul discharges, weakness and emaciation; bluish or purplish discoloration with a low form of inflammation.

Baptisia—Fullness of face, purplish red, dusky coloration of tongue and mucous membrane. In regard to local or external applications we may mention the medicated oils, or unguents, the earthen and mineral preparations. Hot or cold air, hot, tepid or cold water, dry cotton jacket, simple or medicated, none of which should be applied without the specific indications for their application. We should not disregard the difference between the effect of heat and cold, moisture or dryness simple and medicated, or the difference in the action of the different medicated preparations, while we are selecting an external application for the treatment of pneumonia.

#### ALIMENTATION BY RECTUM.

By Floyd Clendenen, M. D., LaSalle, Ill.

**D**URING many years of active practice of medicine and surgery we have heard much, and have several times attempted feeding patients by rectum. Usually the results were not satisfactory, and our observation leads us to the conclusion that rectal feeding is more of a fad than fact. We are aware that we are treading heavily on the pet ideas of some physicians, who, by the way, are more theorists than practical physicians; and we believe the majority of practical physicians will, down in their hearts, agree with us on this matter.

It is a fact that if the rectum, together with the entire alimentary canal, has been properly cleansed and fitted for the reception of liquids, a portion of such liquids may, in some instances and to some extent, be absorbed; but we think the usual method of injecting food into the rectum is useless, if not actually detrimental to the patient. We have known doctors to inject into the rectum of a child who had cholera infantum a decoction they called beef tea, without any attempt whatever to cleanse the rectum before making such injection. We can readily imagine the kind of food for the sustenance of a delicate sick babe this injection, when mixed with the contents of the bowels, must have produced. Fortunately for the little sufferer, this terrible mess was not absorbed. We have in our mind now just such a case, which came under our observation recently.

## EXAMINATION QUESTIONS.

Nebraska State Board of Health, April 21-22, 1904.

## ANATOMY.

1. Describe the palmar arch.
2. Give names and locations of the valves of the heart.
3. Give branches given off from the arch of the aorta.
4. Name the muscles affected in torticollis and also state the origin and insertion of the same.
5. Give the outline of the border of the lungs; name and locate the fissures and lobes.
6. Describe the hip joint and give attachment of its ligaments.
7. Locate and describe the sigmoid flexure.
8. Describe the ovaries.
9. Name subdivisions of the alimentary canal and the glands in each.
10. Locate and describe the pancreas.

## PATHOLOGY.

1. What is productive inflammation? Suppurative inflammation?
2. Describe the process of simple inflammation. What are its terminations?
3. Describe gray miliary tubercle.
4. What are the characteristic bone changes in rachitis?
5. What changes occur in lymphatic structures in typhoid fever? What are the characteristic lesions in typhoid fever?
6. What structures are affected in bubonic plague?
7. Define a tumor.
8. Describe a dermoid cyst.
9. Under what conditions do we get most gangrene?
10. What is œdema, anasarca, dropsy?

## CHEMISTRY.

1. Explain the terms atomicity, reaction.
2. Give three characteristics of acid.
3. Give chemical formula and physical and chemical properties of laughing gas.
4. Give physical properties and medical uses of  $\text{NaHCl}_3$ .
5. How modify cow's milk to approximate human milk?
6. Name six substances found in urine that are abnormal.
7. Give three tests for serum albumin.
8. What is the normal average amount of urea in urine? Describe urea
9. What is antidote to carbolic acid? Sulphuric acid? Arsenic?
10. How is sulphur found in nature?

## ECLECTIC MATERIA MEDICA.

1. Name four remedies you would use in dropsy from cardiac disease, and give specific indications for each.
2. For what condition would you use hyoscine hydrobromate: how and in what sized dose?
3. Give indications for remedies in asthma spasmodica, name and dose.
4. Give indications for bryonia in rheumatism.
5. Name favorite remedies for typhoid fever, giving indications for each
6. Name diseases in which you would prescribe echinacea and tell why
7. In a case of acute fever, where patient has flushed face, bright eyes, contracted pupils, twitching of muscles, and white coating on tongue, what would you give?
8. What would you do for constipation in infants?
9. Give specific indications for viburnum prunifolium, cimicifuga, baptisia, and strophanthus.
10. Name the two most active vasomotor stimulants.

## ECLECTIC PRACTICE.

1. Give symptoms, diagnosis, and treatment of acute cystitis.
2. Give etiology, symptoms, and treatment of simple jaundice.
3. Describe the three stages of lobar pneumonia, and write a prescription for each.
4. Outline a treatment for appendicitis (non-surgical) when called inside first 24 hours
5. Write a prescription for acute articular rheumatism.
6. Name different types of malarial fever and give proper treatment for each.
7. Give differential diagnosis between variola and varicella.
8. Give etiology and treatment of entero-colitis.
9. How would you treat a case of diphtheria?
10. In what particular line do you expect the greatest advance in medical science in the next decade?

## SURGERY.

1. Describe the treatment of a lacerated wound of the wrist when a part of the tendons, nerves, and arteries have been severed.
2. Give in detail the symptoms and treatment of acute and chronic appendicitis.
3. What temporary means are indicated in the treatment of accidental wounds?
4. Give diagnosis and treatment of Colles' fracture.
5. Diagnose, prognose, and treat empyema of the pleural cavities.
6. Give surgical treatment for acute suppuration of the mastoid cells.
7. How would you treat a compound comminuted fracture of the leg?
8. Diagnose and treat dislocation of the elbow joint with fracture of the olecranon? (a) What important after treatment in this and other injuries of the joints?
9. Describe surgical shock and treatment of the same.
10. What is fistula of the anus, and how is it formed?

## OBSTETRICS AND GYNECOLOGY.

1. How would you treat a case of post-partum hemorrhage?
2. How diagnose pregnancy before the fourth month? How after the fifth?
3. Outline asepsis and antisepsis as regards the attendants, the parturient, and the child.
4. Give prevention, symptoms, treatment, and prognosis of ophthalmia neonatorum.
5. What is placenta prævia? Give symptoms, varieties, and management.
6. Differentiate between salpingitis and appendicitis and small ovarian tumor.
7. Differentiate between retroflexion and retroversion of the uterus, and give palliative treatment.
8. Give etiology, symptoms, and treatment of carcinoma uteri.
9. Differentiate between ovarian cysts and abdominal ascites.
10. Give three leading indications for the use of forceps.

## EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

### SIMPLE CHRONIC PHARYNGITIS.

*Synonyms* — Clergymen's sore throat; voice users' sore throat; exudative pharyngitis.

This form of pharyngitis is a chronic inflammatory condition of the mucous membrane, permanent changes resulting in the glands or submucosa.

*Etiology.*—The disease may be caused by a long continued acute or subacute pharyngitis. The prolonged use of the voice by public speakers, especially those who have not acquired the proper method of controlling the muscles, will produce as a reaction muscular contraction of the larynx and pharynx, with anemia of the tissues. After relaxation of the muscular tissues occurs, dilatation of the vessels results, and there is stasis. Frequent repetitions of this condition will produce changes in the perivascular tissue nearly identical with those of chronic inflammation. The morbid change is very similar to that of cyanotic congestion. The pathological changes are always the same in this disease, although the causes and symptoms may differ.

Systemic diseases in which modification of the nutrition occurs as a result of venous stasis or cyanotic congestion, due to liver, lung, kidney or cardiac lesions, may be an exciting cause. Some nervous states, especially peripheral, may have a causative influence in these cases. Digestive wrongs, through lowering of the general resisting power, will often prove an exciting cause. The abuse of stimulants or narcotics will cause a chronic pharyngitis. Sexual excesses are also credited as favoring the condition. The excessive use of tobacco will cause local irritation, which is actually only a symptom of systemic conditions, the result of the absorption of the tobacco alkaloids.

Gouty or rheumatic persons, those suffering from autointoxication, or from any impairment of the excretory or secretory organs, are especially liable to this disease. Malformations of the pharynx will also have a causative influence. The different types of rhinitis will also be factors, either through extension of the inflammatory state, or by the passing of the nasal discharge over the pharyngeal tissue. The latter condition may be the cause as a result of the irritation produced, or through the efforts to clear the throat. Mouth breathers are often affected, even when not speakers.

*Pathology.*—The pathological changes found in the tissues in chronic pharyngitis vary, and many of the diseases are simply definite stages of the inflammatory action. In simple chronic pharyngitis the inflammatory change in the submucosa is slow. There may be only a slight exudate from the bloodvessels on account of but little irritation; a few leukocytes will be found in the exudate, and, prolife-

ration slowly occurs in the connective tissue spaces. This, in connection with slow proliferation of the fixed connective tissue cells, will gradually cause a permanent thickening of the mucosa. This increase of the connective tissue elements will cause more or less irritation of the glandular elements, and there is an increase of secretion. As organization of this inflammatory material occurs, the glandular elements of the submucosa will be subjected to pressure through the increased amount of organized material.

Eventually this organized inflammatory material will commence contracting, and there will necessarily be a change in the condition, the inflammatory stage having subsided, and pressure atrophy resulting. These pathological changes will vary in rapidity and according to the cause, still the change is practically the same in all cases of chronic pharyngitis.

There is a condition found in which there is an actual increase in connective tissue elements, which is more like a hyperplasia. This is not a true hypertrophy, as there is a decrease in function of the membrane. When this is the case atrophy does not take place; the mucous membranes do not become dry, and accumulations of changed secretion on the surface are not found.

*Symptoms.*—The mucous membrane is irregularly hyperemic or congested. The variation in color is marked, the border of the pharyngeal structure being bright colored, and the balance of the tissue showing more the color of congestion. The palatine folds and the lower and anterior margin of the velum are light red. The posterior pharyngeal wall often shows congested capillaries and small veins; the surface is irregular, but not so marked as in true follicular pharyngitis. At the base of the tongue there will often be found varicose vessels; this is more prominent after contraction has occurred.

The depressions in the pharyngeal tissue will be filled with a tenacious secretion, which, unless carefully noticed, will be taken for membranous inflammation. If the disease is the result of any of the forms of pneumoconiosis, the secretion will be colored according to the material which causes the inflammatory action.

The secretions are changed as a result of the morbid processes; they are more tenacious as the changes become more marked, and there is a tendency to crust formation. The character of the voice is changed, hoarseness and lack of control being most marked; the voice is weak, lacking carrying power, and the muscles of the throat ache when a prolonged effort to use the voice is made. This sensation is wholly or partly relieved by making a slight pressure on the neck with the fingers. In singing the range is lessened, and there is not full control of the tone and pitch. Unless some complications exist, nasal respiration is fairly free.

An irritating, hacking cough is present, with a constant desire to clear the throat. Occasionally there will be streaks of blood in the expectoration, the result of rupture of some of the congested blood-



vessels. There is a continual desire to swallow; this results from the enlarged lingual tonsil and accumulation of secretion in the pharynx. There is often a sensation of a foreign body in the throat, similar to the condition of globus hystericus. Pain on swallowing is variable, depending upon the amount of inflammation and the stage of the process. Usually there is not much pain, unless warm fluids or highly seasoned foods are taken.

The sense of taste is not much impaired unless the anterior pharynx and nasal cavities are affected, when both the senses of taste and smell will be markedly lessened. If the Eustachian tubes are involved the hearing will be impaired.

The secretions are always increased after eating, causing paroxysms of coughing and hacking, which may be severe enough to result in vomiting. The inhalation of dust or irritating vapors, or sudden changes of temperature, as going from a warm room into the cold, will also cause a coughing paroxysm. Gastric wrongs are usually present, and may be either primary or secondary. Laryngitis is often associated with the pharyngeal lesion.

*Diagnosis.*—Easily made.

*Prognosis.*—This will depend upon the causative factor. If this can be removed, the prognosis is good; otherwise not.

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#### ADENOID ANESTHESIA.

The operation for the removal of adenoid growths and of the tonsils in children should not be undertaken without an anesthetic, unless the same is contra indicated. On the start the patient should be brought quite well under the influence of the anesthetic, which in the majority of cases should be ether. If this point is observed at the beginning, but little time is required for the operation, and in the end the work is more satisfactory to the operator. It is not necessary that a child should be brought profoundly under the influence of the anesthetic, still the patient should be kept perfectly quiet. If the child is not completely under the anesthetic he is able to cough and aid materially in clearing the throat of blood and mucus, which is a point not to be overlooked. By some this is called the adenoid stage of anesthesia.

While being operated upon under an anesthetic, should the child be held in a sitting posture in the lap of a nurse or an assistant? Never. The patient should always be lying on a table with the head hanging over the end of the same, supported by an assistant, and in the best possible light.

Recently we witnessed three operations for the removal of adenoids and tonsils in one of the clinics of this city, where a professor of laryngology and two assistants were operating. While being operated on by an assistant, one case was held in the position for intubation. Ether had been given, and was continued at intervals during the op-

eration. The child's face was within about one foot of a gas jet to enable the operator to use his hand mirror. Whenever the ether cone was applied the gas jet was swung to one side.

The dangers in this case—with the child held upright—were from heart failure, and setting fire to the ether vapor with the gas jet. An operator may be able to work with more ease and comfort while sitting, and he may be able to see the operative field much better with reflected light, but the dangers attending such are too great for any surgeon to ever think of taking the risk. If an operator should lose a patient under such circumstances he could offer no defense whatever, and must certainly expect to be held responsible for the death of his patient.—*International Jour. of Surgery.*

#### PERFORATIONS OF THE MEMBRANA TYMPANI.

There seems to have existed from time immemorial a general impression in the minds of the laity, which also to a certain extent has permeated the medical profession, that with a solution of continuity of the membrana tympani in any degree whatsoever, all perception of sound becomes an impossibility. Further, that as a necessary result of this perforation of the drum membrane, all hearing perception ceases, and cannot be regained until its closure is effected. That these are false ideas the aurist is fully aware, although the notion still seems to cling to many, and a statement of the true condition seldom fails to create as great a surprise as if the actual occurrence of a miracle was related.

In many cases of perforation, even when involving the whole structure of the drum membrane, little or no loss of hearing is complained of, except possibly for the lower tones. On the other hand, in some of these same cases, where a closure of the perforation by a healing process has resulted, the hearing has become worse. Again, it frequently happens, especially in the dry forms of aural catarrh, that an incision of the membrana tympani is followed by an improvement of the hearing.

Therefore, efforts have been made by various aurists to effect a permanent opening whereby the desired relief might be obtained. However, to maintain an artificial perforation such as this has ever been an impossibility, since invariably in but a short time it will heal, resulting in a return of the deafness to a stage fully equaling its former severity. While on the other hand, perforations, especially those of pathological origin, will frequently remain open, notwithstanding the most faithful efforts made to effect their closure.

Perforations of the membrana tympani, not including operative, may be divided into two forms, depending on their causation, traumatic and pathological. The former of these we attribute to agencies such as:

Direct injury from sharp instruments or other objects introduced into the external canal, either as the result of unskillful treatment on

the part of the physician, or in efforts to scratch or cleanse the canal by the patient.

Indirect injury by the sudden condensation of air within the meatus, as when one is in the vicinity of a loud explosion. Also, in the case of children, the pernicious practice of boxing the ears or pulling them, when the traction is very apt to cause rupture of the membrane.

In all cases where the injury has not been sufficiently severe to cause an inflammation of the middle ear, or where no septic matter has been introduced into the tympanum by means of which a purulent inflammation may be set up, a perforation will heal in a very short time—possibly twenty-four to thirty-six hours—with, as a rule, no serious after effects. But in such cases a perfectly normal after condition rarely can be expected.

The treatment for the traumatic form of perforation when extraneous matter has not been introduced and the canal is clean, is a simple procedure; all that is necessary being the insertion of a plug of cotton in the canal for a day or so. On its removal the rupture usually will have closed, and no signs of the accident will remain except a small, dried blood spot, followed later by a thin linear cicatrix, or even in some cases a normal appearance will remain.

A pathological perforation may be the result of various causes, but especially from an inflammation of the drum membrane whereby a destruction of tissue occurs. A condition of similar nature may also exist in strumous or tuberculous subjects, where, although a preceding inflammatory process may not be apparent, yet destruction of the membrane ensues. The most common pathological factors, however, in causing a perforation of the membrana tympani are the suppurative inflammations of the middle ear, either acute or chronic. In the former variety, while such is of frequent occurrence, it is not inevitable, but in the latter it is an ever present lesion—in fact, one of the essential accompaniments of the disease.

Perforations of the membrana tympani that occur in acute suppuration of the middle ear, either spontaneous due to a formation of secretion in the tympanum, or operative from paracentesis, heal possibly in from a few days to several weeks. These appear later on examination as sharply defined dark spots, and are usually somewhat depressed.

In the chronic form of suppurative ear disease, a healing of the perforation by cicatrization is not so common, and the condition may be permanent, especially when the edges of the opening have become epidermized, owing to an extension of this form of tissue from the outer layer of the membrana tympani. In this paper we propose to devote our attention more especially to that form occurring in chronic suppuration of the middle ear.

Perforations vary in size from that of a pinhead to the complete destruction of the whole membrane. Likewise their forms differ, being round, oval, or elliptical, kidney or heart-shaped from the pro-

jection of the malleus into the opening; but no two are alike, and are dependent entirely upon the destructive process that has taken place.

As a rule perforations are single, and when we find more occurring in a single membrane, as two or three, we may suspect that a tubercular condition is present and the cause of the destruction. We would say, however, that the greatest loss of substance, as a rule, occurs when the perforation is an accompaniment of scarlatina or the result of the tubercular process.

The location of the perforation, although it may occur in any part of the structure, still is more frequently situated in the inferior quadrants, either anterior or posterior. We may also find perforations situated in the pars flaccida, or Shrapnell's membrane, just above the short process of the malleus.

Proceedings aiming to close perforations of the membrana tympani have been most numerous and varied, but in the large majority of cases have proved ineffectual; still it is a possibility, as success occasionally has attended our efforts in the attempt at closure. But at all times, before we make any efforts to accomplish this result, the following points should be borne in mind:

No doubt from a normal standpoint an intact and enclosed membrana tympani is essential to the integrity of the ear; and while not absolutely necessary for the maintenance of the hearing function, yet it is an important agent for the protection of the tympanum from the deleterious effects of cold, dust, and various other extraneous influences. Still it must not be forgotten that in some cases the closure of this opening by cicatrization may cause a decided impairment of the hearing. This we find to be especially so when any obstacle to the conduction of sound exists in the malleus or incus, or when the conduction between the incus and stapes is in any way broken. This impairment of the hearing, which occurs after a closure of a perforation in the membrana tympani, we may attribute to a prevention of the passage of sound waves from coming into direct contact with the inner osseous wall of the tympanum and membrane of the round window.

Therefore, before an attempt is made to close a perforation in the membrana tympani, we should ascertain what effect this closure will have on the hearing. This we can learn by covering a small perforation with a drop of glycerine applied on the point of a probe, or by the application of a piece of moistened paper introduced in the same manner. Should the foregoing measures result in an improvement of the hearing, it is therefore an indication to make an effort at least to close the perforation in the membrane. But on the other hand, if the hearing is diminished, we should leave the present condition alone, and regard the perforation as essential.—PERRY DICKIE, M. D., *in Med. Century.*

## PERISCOPE.

### THE SURGICAL TREATMENT OF EPILEPSY.

Chalmers de Costa (*Medicine, Feb. 1904*), in an admirable review of this subject, states that in determining upon the course of treatment for a person suffering with epilepsy, due consideration should be given to the possibility of effecting a cure or obtaining benefit from a surgical operation. An opinion to be of value must emanate from some one who possesses a scientific knowledge of epilepsy, and who has examined the patient with painstaking care; who has secured an accurate history of the sufferer's previous life, of his diseases and accidents, of his hereditary tendencies, and of the exact character of his convulsive seizures; and finally, the decision should be made by one who has a surgical conscience. Operating without conscience is not only ruin of the soul, it is often ruin of the patient, and it is always to the infinite disgrace of the medical profession. It is known that epilepsy is quite common, but exactly how common is somewhat uncertain. According to Spratling, in the United States one person out of every five hundred of population is epileptic, and in Europe the proportion is slightly less.

The surgeon must always bear in mind that many and quite different causes have been assigned for epilepsy, and that our conception of the pathology of the disease is not an established certainty, but rather a probability or a guess. The conclusions that one should draw from the views of modern students are that epilepsy is a diffuse lesion of the cortex of the brain, and that the conditions pointed out as causative may not infrequently be the result of the disease. Epilepsy is usually regarded as without danger to life, but Spratling points out that in this disease there is a distinct tendency to sudden death. Occasionally, though very rarely, patients recover from epilepsy without any treatment at all. If cases are treated early and carefully, and are placed under proper control, from eight to ten per cent. may be cured; but if the attacks have lasted over two years, or have been very violent, there is almost no hope of effecting a cure by medicine. Thus it may be seen that we are dealing with a distressing and usually incurable disease, which, as rule, unfits the patient for the duties of active life, and which, as a general thing, drags him into the ruin of dementia. In such a dreadful condition there is every justification for the performance of an operation, if operation even offers a chance. All sorts of methods of treating this disease have been adopted in the past, and every few weeks a new method is suggested. There is scarcely a drug in the Pharmacopœia—hardly a material in the vegetable world or in the mineral kingdom—that has not been at some time or other employed and lauded. Although modern medical treatment has been somewhat more successful than the ancient plans, epilepsy is still with us to a fearful extent.

In setting forth the surgical treatment of epilepsy the author states that he will not discuss the various peripheral operations that may be performed with the idea of eliminating a focus of irritation or of intercepting some irritant impulse. That such operations are occasionally beneficial is undoubted. The author has seen great improvement or apparent cure follow the removal of a tender cicatrix, and follow the performance of circumcision in a case of phimosis. Nevertheless, the curative influence of such operations is occasional rather than common, and it is the purpose of this article to dwell particularly upon operations upon the skull and brain. The confidence in the curative value of brain operations in epilepsy has very much diminished in recent years; in the author's opinion less than five per cent. are cured by this means. Previous observers have been deceived by the fact that any operative traumatism may for a time improve, and even greatly improve the manifestations of the epileptic condition.

This phase of the question was most ably presented some years ago by Dr. S. William White in his well known article upon the curative effects of the operation *per se*. A case should not be reported as cured until at least three years have elapsed since the operation was performed, and five years is probably a safer limit. Operation in any case should only be resorted to after a most careful study of the patient, and preferably a neurologist should be associated with the surgeon in making this examination. Then, too, the patient should be under observation for some days by either a physician or a nurse, so that the convulsion and sequelæ may be accurately noted in writing, and this report should prove of great help in reaching a conclusion.

From a surgical standpoint epilepsy should be classified into different forms, in some of which operative interference is distinctly contra-indicated, for the reason that it not only does not do any good, but in some cases may make the patient distinctly worse.

1. *Idiopathic Epilepsy*.—Uncomplicated cases of essential epilepsy should not be operated upon, because operation will never bring about a cure. However, if an epileptic suffers with a persistent localized headache, it is justifiable to trephine, to open the dura, and to inspect the brain. Even if no cause for the headache be discovered, the patient may often be relieved or cured of the pain. In such a case an osteoplastic resection should not be performed, and the trephine button should not be replaced. In status epilepticus the cerebral pressure is notably increased, and trephining with drainage of the ventricle is justifiable to relieve pressure that might cause death.

Operation in ordinary essential epilepsy for relief of the increased intracerebral pressure, as recommended by Kocher, has the objection that there is danger not only of infection but also of hernia cerebri; and, as Clark has pointed out, this excessive cerebral pressure is a result rather than a cause of epilepsy. Jaboulay's operation of the excision of the cervical ganglia of the sympathetic for the relief of essential epilepsy, has not been followed by very brilliant results.

Winter has collected 122 cases, in one-half of which there was no apparent improvement.

2. *Idiopathic Epilepsy with Focal Symptoms*.—Many of these cases which begin within the first two years of life, are due to unrecognized cerebral infantile palsy. If, from the very start, the convulsive attacks have had a local beginning, and if the surgeon has seen the case within two years of the first attack, it is proper to trephine and excise the irritated portion of the cortex. This is true whether the convulsions remain partial or spread to the rest of the body, and whether consciousness is lost or not. Operations in children are more hopeful than in adults. After the condition has persisted for two years, however, operation offers practically no hope of cure, as the association fibres are by that time hopelessly degenerated.

In performing this operation it is impossible to avoid removing more of the cortex than merely the excited centers of the motor region. After the operation there is of necessity paralysis of the parts controlled by the extirpated centers. This paralysis is usually first temporary, though the finer movements are never regained. The earlier the operation is done the better is the prognosis. In these cases an osteoplastic operation should be performed. In those of genuine essential epilepsy in which after a time the convulsion has taken on a local character, operation offers no hope of curing the disease, although even in these cases operation may become necessary if the great frequency of the attacks produces exhaustion and threatens life. Again, it is possible that in a case of essential epilepsy a gross cortical lesion may develop and may lead to the production of Jacksonian seizures. In such a case one might be driven to operate for the gross lesion, without having any hope of curing the generalized epilepsy.

3. *Traumatic Epilepsy*.—When epilepsy ensues upon traumatism the attacks frequently do not begin until some months or a year or more have elapsed; in fact, several years may elapse between the time of the injury and that of the development of the epilepsy. An injury may be followed by generalized epilepsy or by Jacksonian epilepsy. The more time that has elapsed between the reception of the injury and the performance of the operation the worse is the prognosis. Traumatic Jacksonian epilepsy gives a better prognosis from operation than does any other form of the disease; where there is a distinct neurotic history the prognosis is worse than when such a history is absent. The prognosis is better in the Jacksonian than in the generalized form. Every operation in traumatic epilepsy is exploratory. Any obvious lesion should be extirpated, if nothing be found on exploration, and if the attacks have been distinctly focal in origin, it is justifiable to extirpate the motor center from which the discharge seems to originate. When the injury is in the motor region the chances of cure are much better than when the sensory region is involved; but when the frontal region has been the seat of injury operation offers very little hope of cure.

4. *Jacksonian epilepsy due to gross brain disease.* This condition demands the treatment of the underlying brain disease.

5. *Epilepsy following infantile cerebral palsy*:—In the cases associated with congenital cerebral palsy operation in childhood is justifiable, but not promising; but when the patient has reached adolescence operation is useless.

6. *The posthemiplegic epilepsy of adults*:—In these cases operation is entirely valueless.

The conclusions deducible from the preceding remarks are as follows: 1. Operations for epilepsy are distinctly disappointing and rarely curative, and are indicated in only a small proportion of cases. 2. They frequently produce temporary benefit. 3. They may save life, but they are not entirely free from danger, and occasionally leave the patient worse than before. 4. The mortality, though small, is not inconsiderable. 5. The actual number of complete recoveries is probably under 5 per cent. 6. No case should be claimed to have been cured until from three to five years have elapsed since the operation. 7. Even after operation medical treatment and supervision should be exercised for a long period of time. —*Amer. Jour. Med. Sci.*, August, 1904.

#### EUTHANASIA.

To die well—to die easy—an easy death. When the time comes for us to leave this mundane sphere, we all wish to make our exit painlessly—easily. As to the manner of so doing wishes may differ. The plainsman, he of the rougher type of life, hopes to “die with his boots on.” The soldier wants to be found with his face toward the enemy at all times, whether living or dead. The common citizen is content to die with all the usual and ordinary surroundings, loved ones, on whom the last conscious look may rest, near at hand. But one and all fondly hope that the last moments may be free from pain—from suffering, a quiet, serene passing from the known to the unknown, from work to rest, to meet, we hope, a reward for a well-spent life.

To every physician there comes a time when he has a patient racked with pain to whom death would be a God-send. The condition is an incurable one, suffering is constant perhaps in spite of even the most powerful narcotics he dares to use. The relatives and friends are suffering in their sympathy nearly as much as the patient. And the time comes when the physician argues with himself the question of quietly administering some remedy that may end the agony. We have in mind a case—a school teacher, beloved by hundreds, yes, thousands, who had been in her care during the forty or more years of an unusually active life. But scirrhus of the breast developed, progressed, and soon the glands of the axilla were involved. No operation was to be considered. And how that woman suffered. Fixed indelibly is the recollection of the days and nights of agony. Nothing seemed to



be of lasting benefit, hardly a temporary effect was produced by narcotics used. Gravely and seriously we discussed our right to put an end to this agony, to give her early in this dreadful stage of the disease the peace which after months of suffering finally came. Arguments *pro* and *con* were advanced, but the decision was that we were physicians not to destroy life, but to save it, that our obligations toward God and man made it impossible for us to end the scene, that our whole duty was done when we had exhausted science and knowledge in our efforts to stay the onward march of disease, to relieve pain and suffering. That was nearly twenty years ago. What would we have done to-day with this dear woman?

Some weeks ago an Unitarian minister preached a very vigorous sermon advocating the enactment of a law which should give to physicians the right to prescribe for patients with an incurable disease some remedy which should painlessly and quietly put an end to life. Of course he would have this law thickly surrounded with provisions which would prevent mistakes. At least such was to be the intention, but *would they, could they?* Is any law, any provision for safety infallible, and have we any right to create a law which makes possible the ending of the life of one who might be restored to health? Of course the reverend gentleman would provide for ample consultation and conference between those who are expert in the handling of disease, but to whom could such a decision be left finally? Would *you* like to shoulder the responsibility, doctor-man?

Following the publication of the sermon above noted, the *New York Herald* interviewed a number of the prominent physicians of New York. Here are the views of some of them:

Dr. George F. Shrady, Editor of *The Medical Record*, said: "We are giving to the weak the latest developments of practice and research. Persons once considered incurable are now amenable to successful treatment. It is absurd to discuss the dream of the clergyman with seriousness. Rather than a step further away from the barbarians, as he says, it is retrogressive toward the practice of elimination which yet holds in some savage tribes. It is to the glory of the medical profession that a case is not considered without hope until the last vital spark is extinguished."

Dr. E. C. Spitzka, who justly has the credit for writing the best work on insanity (all things considered) produced in this country, says that "it would open the door to a criminal condition. There would be opportunity to do away with diseased persons for ulterior motives."

Dr. Newton M. Shaffer, of the Hospital for Cripples, affirmed that "physicians should never, under any circumstances, assume a judicial attitude in case of life or death. A physician's duty is to fight for life up to the last."

Dr. Gill Wylie said that "no doctor is so infallible that he will say a disease is incurable. Nature, by kind provision, dulls the extreme sensibilities of many so-called suffering patients. Their relatives and friends suffer more than they do."

Dr. Cyrus Edson, once health officer of New York, said that a physician would never be a party to the destruction of life. "They are here to save it, and man's experience is not yet wide enough to declare anything incurable."

Dr. J. M. Buckley says: "Wright himself in an interview said that if persons believe there is no place for suicide he does not wonder that they oppose his theory, but for himself he declared that there are circumstances which justify it. Wright and Ingersoll are to be classed together as profaners of the sacredness of human life and promoters of suicide and of all risks which, if failing, the takers of them could count on suicide as a refuge."

To our mind the whole question hinges on the impossibility of one's knowledge and judgment being infallible. No one can, even in ordinary things, be beyond the possibility of error, and to make human life, innocent human life, subject to fallible rule is not to be considered for a moment.

That, too, would seem to be the opinion of the medical profession unanimously. Hundreds of letters have been received by editors of papers publishing reports of the sermon, protesting against such views. The *Herald* records the fact that "of all the physicians interviewed, not a single one would agree to the idea that the days of those who are so-called 'incurables' should be lessened,"

In spite of the opinion to the contrary we sometimes hear expressed, the medical profession is conservative. While doctors sometimes are guilty of running after false gods, of carrying to extremes some fad adopted by them, when it comes to dealing with human life, *taking* human life, the whole nature of the man cries out against it, and not until that nature has been materially changed will such a proposition as that just discussed be received with favor. As Dr. Buckley tersely says: "The Medical Profession as a class is still sane." —*Cleveland Med. & Surg. Reporter*.

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#### Disinfection in the School and the Sanitary Code.

The following extract from the address of the president of the American Pediatric Society will bear careful perusal and thought in this day of over-zealous and often times arrogant health officers.

"In case of contagious disease, physicians are required to make a report; and on the report of a case, a health inspector endeavors to trace the origin of the disease, provides disinfectants, and reports the case at school. The disinfection of living apartments, with filthy carpets and hangings, cracked and papered walls, soiled upholstered furniture, and the thousand and one odds and ends, is an illusion as practiced in our large cities. The removal of a convalescent child to another room or to a neighboring apartment during the fumigation process, which takes ten or twelve hours, theoretically and practically nullifies all efforts to destroy sources of infection or to stamp out con-

tagious disease. The compulsory cleansing of an apartment with soap and water, as practiced in some of the larger cities of Europe, has more real value than fumigation with sulphur. One of the principal means of the spread of contagious disease is overlooked and may be found in the cloakrooms of factories and schools, in which the wraps and outer garments, often wet and damp, of the adults and children are heaped together. The same be said of books in school and libraries. They are frequently soiled with the nasal discharge of the sick, and as yet a practical and through method of disinfection has not been elaborated.

"The practice of compelling parents to keep children convalescent from diphtheria indoors and confined to the sickroom, until all bacilli have disappeared from the throat, is in my opinion unreasonable, because it deprives the convalescents of the tonic effects of fresh air which they require, and because the infectious nature of diphtheria bacilli found during convalescence and later *has not been proven*.

Professor Dunbar, the Director of the Hamburg Hygienic Institute, recently informed me that school children are permitted to re-enter the schools of Hamburg very soon after the clinical symptoms of a diphtheritic infection had subsided, and that no notice is taken of the presence or absence of diphtheria bacilli in such cases, because careful investigation of such factors in schools and asylums had shown that the so-called bacillary precautions have not been followed by noteworthy results.

"One of the most cruel results of the Sanitary Code as practiced in some of our larger cities is the taking away of children suffering from ordinary every-day eruptive fevers and transferring them to a sub-urban department hospital, against the will of the parents, when such cases are reported from a hospital or apartment, some portion of which is utilized for business purposes.

"This enactment is directed chiefly against the poor, and has given rise to so much bitterness of feeling that in very many instances the fear of the compulsory removal of a child to a department hospital has prevented parents from calling in a physician and has kept well-meaning and humane physicians from reporting such cases.

"It must be conceded that in many instances it would be to the interest of all concerned, if cases of communicable disease could be treated in a proper hospital; but to compel parents to give up their children in ordinary cases of illness is wrong. It is by far better to take no stringent precaution than to cast discredit upon sanitation in general by enforcing cruel and unnecessary laws. If the community demands isolation under all circumstances, the authorities should insist upon securing proper accommodations for mother and child. A free discussion and criticism of the Sanitary Code as interpreted by some of our Health Boards would appear opportune."—*Archives of Pediatrics*, July, 1904.

W. N. M.

**Effect of the Cure of Suppurative Otitis upon Mental Affections.**

At a meeting of the French Society of Otolaryngology, M. Toubert, of Paris, called attention to the happy influence exercised in some cases of mental disease by the cure of suppurative otitis. Since the work of Albert Robin, twenty years ago, contributions have been made to the study of what that author called the mental complications of diseases of the ear, mastoid process, and petrous portion of the temporal bone. The speaker had attempted to collect and group the cases published. They number eleven, of which nine had been previously reported; two were unpublished and personal. They are as follows:—

**BOUCHET.**—Two cases of acute delirium. Cure of the mental troubles and otitis at the same time.

**MENIERE.**—Chronic otitis. Acute intermittent delirium. Amelioration of the otitis and diminution of the attacks.

**W. RHYSS WILLIAMS**—Chronic otitis. Acute mastoiditis. Spontaneous trepanation. Cure mental and auricular.

**BROWN-SEQUARD AND ELMYRA.**—Symptoms of general paralysis. Mastoiditis. Cure of both.

**CATLETT.**—Acute delirium for a month. Otitis. Both cured.

**BALL.** Chronic otitis. Mental alienation. Both cured.

**REGIS.**—Chronic otitis. Hypochondria. Both cured.

**BROWN.**—Insanity for seven years. Chronic otitis accidentally discovered. Cure of both.

Both of the author's cases concerned insane patients of Sainte-Anne attacked by otorrhea, in whom M. Picque, surgeon in chief of the Asylums of the Seine, indorsed the otological treatment. Stack's operation was performed. The otorrhea and the mental troubles were both cured.

The author's explanation of these cures is as follows; A focus of suppurative otitis constitutes for the brain, especially in a predisposed patient, a permanent source of irritation by the reflex route. On the other hand, this same inflammatory focus may occasion circulatory troubles of the vicinity or throw into the circulation products noxious to the nervous system. This theory is, for the most part, analogous to that accepted by many alienists regarding hallucinations (psycho-sensorial theory) and may be held at least provisionally and until replaced by a better. Whatever the mechanism of the cure, the fact is indisputable.

The conclusions to be drawn from the cases which the author had collected and which he had witnessed is that in a proportion impossible to determine, but which, at all events, is not to be denied, the cure of the otitis in certain insane subjects is followed by cure of the mental disorder. Chronic suppurative otitis being in itself a malady capable of placing life in danger, there is no reason why we should not treat the ear of an insane patient by evacuation of the petrous and

mastoid cavities, if indicated. To obtain a simple cure would itself be a good fortune, but to secure a double cure is an ideal result and not impossible. For this reason the author believes that it is useful to publish all the cases of the kind which he could collect in order to bring them to the notice of aurists and alienists.—*Revue Hebdomadaire de Laryngologie*.

#### Adrenalin in Ocular Therapeutics.

M. Darier, at a meeting of the Societe d'Ophthalmologie de Paris spoke as follows of the use of this drug in ophthalmology: As a means of diagnosis of beginning iritis it is very useful when there is hesitancy in instilling atropine. By means of it episcleritis may be easily differentiated from pustule of the limbus. Certain doubtful forms of conjunctivitis may be recognized as granular by its use. From a therapeutic point of view, adrenalin exaggerates the action upon the eye of the various alkaloids; cocaine anaesthetizes an inflamed eye without otherwise affecting the organ if adrenalin has been first applied. Combined with it cocaine will render great service in conjunctivitis and lessen the pain of topical application as well. Its use makes catheterization of the tear duct unnecessary for a simple injection does away with the stenotic action of the mucous membrane. When eserine or atropine fail in their usual action upon the pupil, combination with adrenalin obviates the difficulty. Its use facilitates operations upon the conjunctiva because of the ischemia which it produces, but after ireductomy its employment may be followed by hemorrhage into the anterior chamber. In corneal lesions, such as ulcerations, it should not be used, but in episcleritis it produces excellent results.—*Amer. Journ. Med. Sci.* Aug. 1904.

#### Cough.

An ordinary cough is difficult to cure for the following reasons: The subject usually tries all the house remedies first. When everything utterly refuses to relieve him he calls on his physician. He usually expects to be cured in one day. He insists on attending to business as usual. He reserves the right to talk as much as he pleases, and swear a little, too, if it suits his convenience. It makes him angry to cough, and he coughs because he is.

The physician should treat his case properly, but he should make the patient equally responsible with him for the outcome of the case. If he cannot be master of the man for the time being, and be able to properly treat him, if he cannot make the patient co operate with him by honestly and faithfully doing his part in overcoming the disease, then there is nothing to do but drop the case at once, and drop it quickly. Tell the patient why it is done, and tell his family, and tell it so plainly that there can be no misunderstanding as to the physician's reasons for so doing.—*The Clinical Reporter*.

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### WHY IS THE MORTALITY IN PNEUMONIA INCREASING?

That the mortality in pneumonia has progressively increased during the last 50 years, notwithstanding the great advancement that has been made in the knowledge of the cause of disease, and the sanitary measures that have been adopted to prevent the spread of the same, and notwithstanding the physician of to-day is far more skillful in diagnosing diseased conditions than those of 50 years ago, the profession at large faces the awful and humiliating fact, that the mortality in this disease has more than kept pace with its advanced knowledge in etiology, pathology, and diagnosis, till pneumonia has passed the dread "white scourge," tuberculosis, and stands to-day at the head of the list, at least of acute diseases, as being attended with the largest mortality of any affecting the civilized races. More than ten thousand (10,200) deaths from pneumonia were recorded in Chicago and New York alone, in 175 days, or between Nov. 1st, 1903 and April 23, 1904.

There must be some cause for this increase in mortality, and while we may not be able to understand all the factors that enter into the cause, we may safely say, that it must be due, either to a greater intensity in the exciting cause of the disease to-day than that of 50 years ago, or that it is due to a lessened vital resistance on the part of its victims, or to less skill in the treatment than that used by the fathers. Let us examine each in the order named.

*The Exciting Cause.*—If we accept the germ theory as the cause of disease, the pneumococcus lanceolatus of Frankel is most likely responsible for pneumonia, since it is found more constantly than any other and in the large majority of cases, and since there is no proof at hand to show that these pathogenic cocci have increased in their activity since first discovered, the intensity of the exciting cause may be eliminated from the problem.

*The Predisposing Causes.*—Age, sex, climate, season of the year, habits, and environments are generally recognized as predisposing factors in pneumonia, and while this is undoubtedly true, the first

four, namely, age, sex, climate, and season, have not changed during the past five decades; in the two latter, however, habits and environments, we find the first light in solving the problem.

*Habits.*—The drink habit has made giant strides during the last 50 years, in all the countries of the world, and the drink bill of the United States, according to official reports of the past year amounted to one billion dollars. This amount of alcohol was consumed in fermented and distilled liquors, to say nothing of that vast amount consumed in patent medicines, with which this country is flooded, and which the American people so blindly consume. Add to this a billion dollar tobacco bill and a growing cocaine and morphine habit, and some light is thrown on the increased mortality.

Alcohol, nicotine, and the narcotic drugs, enter the blood and are carried to every tissue of the body, impairing the vitality of the whole. Alcohol diminishes the sensibility and activity of all nerve cells, and by combining with the free oxygen of the blood impairs that vital stimulant and renders it less efficacious in the tissue changes of which it is so large a factor. Taken day after day, even by the so called moderate drinker, the blood loses its vivifying qualities, the natural metabolic changes are impaired, toxic agents are retained and the power of vital resistance to pathogenic germs or toxins materially lessened. Not only this but the offspring of the moderate drinker, comes into the world handicapped by a more feeble resisting power than that of the abstainer. If this follows the moderate use of alcoholic drinking, what are we to expect from the habitual immoderate drinker? Drunkenness tends to poverty with all its attendant ills; poorly clothed, poorly housed, and poorly fed children make up a very large class in all our large cities, and when the germs of pneumonia invade the body, they find not only a soil suitable for propagation, but with a vitality of so little resisting power, that the battle between the phagocytes and parasites is but a short one.

*Environment.*—The increasing migration of the youth of both sexes to the cities is another important factor in the problem. In 1850 the population of the United States numbered twenty three million people of which twelve per cent. lived in the cities. In 1900 the population numbered seventy eight million people of which twenty-six per cent. resided in the cities. One-fourth of the people then are quartered in cities.

Exchanging the pure fresh air of the country for the smoke-begrimed and less pure air of the city workshops, stores, offices and tenement houses, in many of which a ray of sun never enters and where pure air is an unknown quantity, they are compelled to take less oxygen into their lungs, are deprived of out door exercise, observe less regular hours, suffer the mental strain of trying to solve the problem of how to keep the wolf away from the home, to say nothing of the dissipation that are engendered by a life in the city, and we have all the conditions that impair digestion and assimilation of food, increase

excitability of the nervous system, impair the action of secretion, and weaken the vital resistance of the individual. A trip through the tenement district of any of our large cities, where the sanitary conditions are vile, will convince the most skeptical.

This brings us to the last condition of the problem, the treatment.

[To be continued.]

R. L. T.

#### WHY.

Why is it that the same beef-steak and potatoes do not maintain the same physiological average at eighty years of age as at forty? It would seem, if it were not a fact of observation to the contrary, that the same activity of bodily functions ought to be manifest at the greater age as at the lesser. During the period of adolescence the functional activity of the body is held at the maximum, owing to the fact that the element of rapid growth of the body must be added to the normal bodily functions, hence an excessive demand upon vital force.

And herein lies the fact that the period of growth from birth to adult life is most liable to serious consequences from disease. There may also be an assumed fact, that owing to an excessive demand upon the store of vitality during the later stage of adolescence, we have a large death rate from the disease known as consumption.

The argument is, that from puberty to maturity there must be maintained the normal physiological standard, the requirements of growth; and to these must be added the expenditure of vital force through labor which is usually placed upon the immature organism. This holds the vitality at the minimum. Hence the deficient power to resist adverse or opposing forces. From the end of the adolescent period (25 years) to the crest of the wave as we see it (50 years) growth as a factor is eliminated. During this period the bodily functions are carried on with the least waste and labor is performed with the least friction, therefore, the maintenance of a physiological equilibrium requires only a minimum amount of vital force, and resistance to disease is at its maximum.

At the age of fifty or thereabout, without any apparent cause, there commences a drain upon the vital reserve which, by the time we have reached seventy years more or less (usually less), is entirely consumed and we die. At the same time we are eating the same kind of food and just as much of it.

From a purely physiological standpoint it would appear that a like amount or less of the elements necessary to maintain an even balance of vital force and bodily vigor at fifty would be sufficient at the age of seventy. But the loss, beginning at fifty, increases as age advances, and from this fact we should learn to conserve the vital force we have before arriving at the bottom of the grade. At the age of forty-five, or fifty at most, all excesses in vital expenditure should be checked and our business life should be interrupted by periods of relaxation more or less prolonged, and as time goes on, more frequent.



that the moisture of tongue and skin, and the soft open pulse that are the indications for opium, should be present to insure its best action. If the skin is not moist the powder may be given in hot water upon retiring, so that the patient may not be exposed to draughts.

In several instances in these notes I have referred to giving this drug in hot water. By this I mean as hot as the patient can take it. In this way its emetic action is apt to be avoided, which act is sure to be induced if the water be merely warm; as it is also if warm drinks be given within a half hour or hour after its administration. The use of this agent as preparator for the administration of quinine need merely be alluded to.

H. W. F.

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## AFFECTIONS OF THE NEWLY BORN.

II. INTERCRANIAL DISTURBANCES.—The tremendous mortality attendant upon early child life is probably not fully realized by the profession at large, and surely not by the laity. Death claims a larger number from the accidents and consequences of parturition, together with the congenital disturbances and diseases that may be encountered during the first month, than the mortality of the second and third years of life combined. The statistics covering this period, compiled by Rocherdt for France, might probably be applied relatively to other countries. He reported that 250,000 infants perished annually in France, and in his opinion 100,000 of these lives might have been saved.

It would thus appear that much of the trouble at this time, and many of these cases, are clearly due to inattention or want of proper treatment during parturition or the period immediately following. The injunction to guard against meddling midwifery no doubt frequently leads the timid and inexperienced to the other extreme of carelessness and trust-to-luck methods which are never justifiable under any circumstances.

In addition to numerous affections common to the newly born, there are several referable to the vertex that may be encountered.

Following delivery, the head in presentations of the vertex is usually more or less ill-shaped. This is owing to the engagement of the head and resistance offered by the bony pelvic canal, resulting in an edema or serous infiltration of the soft tissues on the most dependent part, usually near the site of the anterior fontanelle. This swollen and puffed appearance is known as the *caput succedaneum*. While in prolonged labors this condition may be so marked as to cause the mother to fear it is a deformity, no especial treatment as a rule will be called for, as it will spontaneously disappear within three or four days after birth.

A development quite similar in appearance though of decidedly greater import, is that known as *cephalohematoma*. This is due to an exudation of blood beneath the pericranium, the result of pressure

frequently from the forceps. It appears on the second or third day. The tumor is usually located in the parietal region of one or both sides, and about as large as a medium sized apple. It frequently results in an abscess requiring incision. Absorption of the extravasated blood may be encouraged by the local use of iodine and compression. It often continues from three to four weeks.

Another variety of tumor, or more properly hernia, in which there is a protrusion of the cerebral membranes through an opening in the skull, is occasionally encountered. This is of a decidedly more serious nature, the diagnosis often being obscure, the prognosis forbidding, and the treatment as a rule unsatisfactory.

*Meningocele* is a protrusion through the cranial vault at any point, of the cerebral meninges. It most usually occurs at the posterior fontanelle, and varies in size from an olive to a large orange. It is tense and filled with fluid, soft and elastic in its nature and fluctuating. Hydrocephalus to a greater or less degree usually co exists, rendering the cranial bones soft and leathery. We recently saw a case of this kind in the practice of Dr. Bowles, of Harrison. The tumor was quite large and the fluid nature of its contents was readily discernible by the penetration of rays of light. The distension was so marked that we advised puncturing, followed by pressure and compression. This process was repeated by the doctor several times, with a slight improvement on last report.

*Encephalocele* is a hernia of the brain substance. This may protrude from any part of the calvarium; probably in most instances it will be found toward the anterior part. Fluid is usually present, though it may in some cases be absent. There will be little or no fluctuation, but it may be recognized by a distinct pulsation. Any attempt at reduction or compression will be attended by evidences of marked cerebral irritation.

*Hydro encephalocele* is where the hernial sac includes, in addition to brain matter, a considerable quantity of fluid. In this variety the tumor is large, lobulated, and frequently with a distinct peduncle. Pulsation will be absent unless the watery element be slight. Fluctuation may be noted, and the tumor is largely translucent. Occasionally, as the case progresses, the greater amount of the brain substance will be found in the tumor, under which circumstances it would be recognized as microcephalia.

The treatment in these cases, excepting by probable reduction through taxis, the evacuation of the fluid contents, pressure and compression, will avail but little. Convulsions are quite likely after a few months, while again in other cases death follows as a consequence of meningitis.

R. C. W.

## ECLECTICS ARE NOT FADDISTS.

The faddist is the man who catches a sliver of fact and then imagines that trees grow no larger than the toothpick before his eyes. He becomes warped and twisted, and then contends that all other men should likewise become contorted. He has discovered one good thing and then contends that other men miss a world of good things because a few such as he cannot comprehend the limitless outreaches.

Men there are today who believe that Eclectic physicians as a *principle*, exclude all inorganic compounds from their materia medica. This was a very common opinion, shared by outsiders, thirty years ago. On this subject we have in recent years had the opportunity of enlightening more than one physician of other schools, who should have known better. To have read the works of any Eclectic author would have shown the contrary. But such critics do not read much in outside lines. The little list of specific medicines issued over 30 years ago by Dr. J. M. Scudder contained a good proportion of inorganic substances, but such critics do not read Eclectic literature.

Eclectics are not faddists; they investigate on broad lines, and hold fast to that which is good. To have said, we shall only use vegetable remedies, would not have been Eclectic under any definition of the word. To have *preferred* vegetable products to the vicious minerals used in heroic doses when Eclecticism was founded, was both a duty and a necessity in Eclecticism. To say that early Eclectics were not aware of the importance of the inorganic side of vegetable structures, is not to have read Eclectic history. Is not the "vegetable caustic" yet popular, an introduction well at the dawn of Eclecticism, *inorganic*? Did not the earliest Eclectic text-books show how to make it from the ashes of wood? Is not "prepared deer horn" inorganic? Were not the vinegars used by the early Eclectics in preference to alcoholic compounds of the same drugs largely inorganic? Can any one show where Eclecticism underrated the inorganic side of plant life?

In the early Eclectic crusade vegetable remedies were largely mixtures of drugs, usually vegetables. Next they were very crude pharmaceutical preparations, such as syrups, vinegars, weak tinctures. Too often they were very complex; often they were incongruities; but the inorganic as well as the organic part of the drug was usually present. The salts of potassium, sodium and calcium, to which we referred in our editorial, "Purely Vegetable," of last month, were important factors. It is well for the success of the school that such integral parts of the plants were present. The so-called inorganic acids, such as sulphuric and muriatic, in combination with both organic and inorganic structures, held their place in early Eclectic pharmacy; they hold it yet, and will continue to do so as long as the effect of the whole drug is a factor in Eclectic therapy. This fact was established long before the fad of isolated concentrations known

as resinoids and alkaloids came near wrecking the school. What of that fad?

Morphine at the beginning of this century had been shown to be a potent alkaloid. Quinine had been introduced. Both came from Europe. Dr. King had discovered resin of podophyllin; other active fragments had been broken out of other American drugs. Then the faddist arose; he saw the utility of these slivers, and tried to restrict Eclectics to the use of such narrow products and educts. But he failed. Had not Prof. John King and his able compatriots thrown themselves into the field and prevented the disaster, perhaps extinction of the school would have followed. This is history.

Did these leaders exclude all these substances? Did they insist on narrowing their *materia medica*? No. Whatever is good is for us to investigate, they argued. Whatever is best is Eclectic. The result is, a few of these products of fadisms that decades ago were shown to be good, live to-day. But the faddist of old who thought to establish a *materia medica* on a line of plant fragments, together with his resins and alkaloids, and his so-called resinoids of fifty years ago, passed into Eclectic tradition.

There have been other intruding fads; they too have likewise come and gone, leaving their slivers of good. The most useful of them all is to-day a part of progressive Eclectic therapy, the imaginings of the faddists have disappeared.

J. U. L.

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#### THE BEST REMEDY.

We frequently receive letters asking for our best remedy for rheumatism, pneumonia, tonsillitis, and various diseases and morbid states, or perhaps a request for the best ten or twenty remedies, agents or medicines in the treatment of diseases in general. We have endeavored for years to impress upon the minds of physicians that we have no "best remedies" for any nosological entity. We do not treat names of diseases, but the various manifestations of morbid conditions are met with the indicated remedy, so that the "best" is always the remedy called for by the symptoms.

An obstruction to medical progress has always been the seeking for a remedy that will cure combinations of symptoms which occur with sufficient frequency and similarity as to have received distinctive names. While these affections do appear to resemble each other in their pathological bases and systemic manifestations, still there are always such variations in the symptoms that no unvarying, iron-clad system of medication can adapt itself to all of them; but our remedies must be adapted to the patient and his environment; we must treat the patient regardless of the name of his affection; and that which is the best remedy in one case may not be so in another. We find that one of the greatest objections to direct medication is the study and careful investigation necessary for its successful application.

Many physicians are looking for an easy road to success that is ready-made, and can be traveled comfortably without trouble. We have not yet attained to anything like perfection in our treatment of disease. We have ready-made remedies and ready-made doctors, but have so far failed to find a disease that a "hand me down" will fit in every case. In fact the tendency is now in the other direction, and patients are now more than ever required to be measured for treatment; not only must careful registration of the condition of the pulse, temperature, tongue, skin, heart, lungs, liver and other organs be taken, but the stomach contents must be expressed and examined, the urine carefully tested, the microscopical and chemical condition of the blood determined, the sputum and feces searched, and the status of the nervous system established. When this is all done the careful diagnostician may be able to suggest a "best remedy."

Notwithstanding strenuous commercial efforts, the era of proprietary remedies, which claim to cure everything, is rapidly passing. Success in the future will depend upon hard work, searching investigation, and judicious discrimination, and the easy-going, indolent physician who complacently asks for "best remedies" will find them only through his own efforts, and many times after discouragements, disappointments and failures.

L. W.

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#### COCAINE AND OTHER POISONS.

It seems as though whatever is of the greatest use to humanity, when properly employed, may become a curse if abused. This applies possibly to all the stimulants and alleviators of pain, beginning with opium, that has been employed since the birth of history, and closing with cocaine, the last of the popular narcotic introductions. That the strong arm of the law, perhaps a national law, will be forced to step in and take charge of the people who abuse themselves, as well as the people who sell the drug to others who knowingly or unknowingly abuse themselves, seems evident. Crime appears to follow in the wake of those controlled by the cocaine habit, and this seems now to be so well known that in some of our cities this drug is selected and pointed out as the one to be particularly dreaded.

This article is inspired by an expression made by the Cincinnati Chief of Police, Sept. 20th, in connection with two or three attempted murders by cocaine fiends. Said he:

"I attribute the carnival of crime in which the colored people of this city have taken part of late almost entirely to the growth of the use of cocaine among them."

The article quoted goes on to say:

"Chief of Police Millikin said yesterday: 'The use of cocaine has increased to an enormous degree of late. It seems as if it had become a regular epidemic among the colored population of the city. That it is directly at the bottom of the great number of criminal offenses of which negroes have been guilty of late, there can be no doubt.'"

These words of Chief Millikin may be a text for those who oppose the resolution offered by Prof. Beal at the Kansas City meeting of the American Pharmaceutical Association concerning the restriction by Ohio law of the sale of cocaine and similar substances.

The Board of Health of New York City has ruled that "no phenol, commonly known as carbolic acid, shall be sold at retail by any person in the city of New York, except on prescription of a physician, when in a stronger solution than five per cent."

In this connection, we are disposed to hope that this ruling will be upheld by the courts, if it comes to the courts, and also that the Board of Health will go further than phenol. More than once we have taken the opportunity to call attention to the risk that is run by the indiscriminate selling of such substances as phenol and the corrosive acids, to parties who should not have them in their possession. Whilst it might work a hardship on artisans, were such substances as hydrochloric acid, sulphuric acid, and nitric acid to be included in the list with phenol, it is a question as to whether a manufacturing establishment or a qualified artisan could not arrange with a pharmacist through a qualified physician, to obtain such substances as these, and thus permit of a like ruling being made in such important directions. It seems to us that a manufacturing establishment, or an individual workman without responsibility sufficient to enable him to get such recognition from a physician, is not entitled to the confidence of those responsible for the distribution of the "heavy chemicals" which include the most terrible of the corrosive poisons.

But this would lead us to question the privilege of a grocer or a pharmacist in the selling of an article of merchandise like concentrated lye, and a step further in the same line would lead us to sal soda, and possibly but a step beyond sal soda, would be such energetic agents as sulphate of zinc and sulphate of copper, which latter, fortunately, by their own energetic powers, as a rule, reject themselves from the stomach of the person who swallows them in over-doses. Be this as it may, the problem is one that concerns every community in the country. If it can be shown that carbolic acid can be restricted to legitimate channels, it may eventually be possible to rule in these other directions.

With the passive observer, or with the interested tradesman who opposes any attempt at care of the home and self protection of the people, as being in the line of arbitrary usurpation of power, we have but little sympathy. The danger, the deaths and the sorrows that come through the distribution of harmless, and often innocent, patent medicines, that are simply innocuous frauds, and which are the subject of such conspicuous and persistent indignation by parties who are zealous in suppressing that evil, in our opinion are unimportant as contrasted with the appalling results that follow the present methods of allowing such substances as we have mentioned to be distributed without let or hindrance.

J. U. L.

**TEXAS STATE ECLECTIC MEDICAL ASSOCIATION.**

It is not the intent of the writer to make a full report of the meeting of the State Association of Texas for 1904, as that report will be made later by the Secretary. Profs. J. U. Loyd and L. E. Russell left Cincinnati Monday morning, Oct. 10th, and arrived in Galveston at noon on Wednesday. The Society had adjourned for dinner its first half day's session.

At the afternoon session many very able papers were read and discussed on various medical and surgical topics. We noticed among the prominent physicians in attendance, Drs. J. P. Rice, Fredericksburg; T. F. Chandler, Gainesville; M. W. Pitts, Luling; J. H. Lannins, Bonham; C. N. McCoistin, Leonard; M. E. Daniel, Honey Grove; G. W. Johnson, San Antonio; N. H. Gates, Waco; G. Helbing, Bonham; M. B. Morey, Gonzales; D. B. Tucker, Flatonia; John Mitchell, Weir; J. E. Cutler, Crosby; E. L. Fox, Houston; Chas. Dowdell, Ennis; W. R. Carlisle, Lewisville; W. E. Bridge, Gober; W. O. Hearn, Vesey; W. A. Daniel, Waller; H. H. Helbing, St. Louis, and a goodly number of ladies, wives of physicians in attendance on State convention.

The second day was devoted to papers, election of officers, place of next meeting, Dallas, and an elegant boat ride on the Gulf of Mexico.

A feature of the State meeting was the entertainment to the meeting and its friends, given by Dr. L. S. Downs, the local physician and surgeon of Galveston. We think Dr. Downs and his estimable wife were noble, and lavished in making the occasion pleasant and long to be remembered.

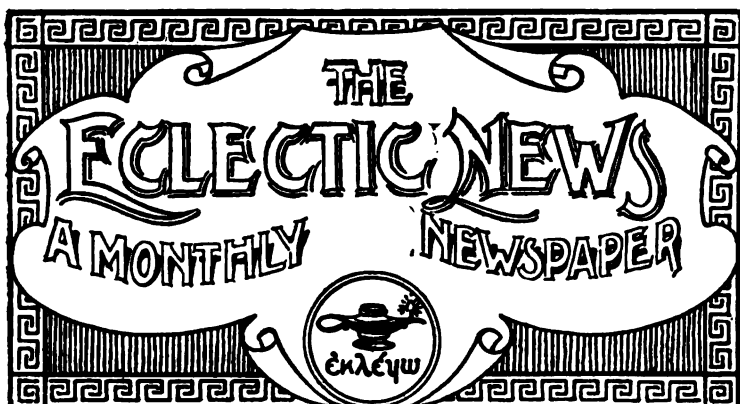
L. E. R.

**PROF. WM. B. CHURCH.**

Dr. and Mrs. W. B. Church removed to Cincinnati in September, and are now located in the Berkshire Building, 628 Elm street. Dr. Church will make a specialty of general surgery and consultations, and is prepared to visit any part of the country in consultation or to perform operations. Telephone, M 3763 R.

**PROFESSIONAL NURSE.**

Experienced practical and general obstetric nursing—rates reasonable. Mrs. Adean L. Knowles, with Dr. Wm. B. Church, Berkshire Building, 628 Elm street, Cincinnati. Telephone, M 3763 R.



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## BOOK NOTICES.

**A REFERENCE HANDBOOK OF THE MEDICAL SCIENCES.** Embracing the entire range of Scientific and Practical Medicine and Allied Sciences. By various writers. Edited by Albert H. Buck, M. D. A new edition completely revised and rewritten. Vol. VI. Illustrated by chromo-lithographs, and 688 half-tone and wood engravings. New York: Wm. Wood & Co. Subscription only. Price \$7.00.

The large list of able contributors, each one being recognized as an authority in his line, together with the numerous chromo-lithographs and half-tone and wood engravings, insures volume vii to be of equal merit with those previously published. This, like the others, is rich in every department, and needs to be examined to be appreciated.

The article on Scarlet Fever, by Prof. J. E. Atkinson, of Baltimore, and revised by Prof. Maynard Todd, of Harvard University's Medical School, is of especial merit.

School Hygiene, by Dr. Samuel W. Abbott, Secretary of the State Board of Health of Massachusetts, is very timely and should be read, not only by every physician, but by every teacher in our land. If we are to raise a race of strong, vigorous men and women, the buildings in which our children are housed for nine months in the year should be as near perfect as possible. The article is timely and up to date.

To the neurologist the article on the Spinal Cord will be of interest.

The prevalence of gastric troubles makes the article on the Stomach not only interesting but profitable reading.

Tuberculosis, the scourge of the world, and known as the "White Plague," is treated by W. S. Carmichael, of Harvard University Medical School, which insures an article of great merit.

Dr. George B. Shattuck, of Boston, writes on Typhoid Fever, the most dreaded and most universal of infectious fevers. These are but few of the many good things found.

R. L. T.



**TUBERCULOSIS and Acute Miliary Tuberculosis.** By Dr. Cornet, of Berlin. Edited by W. B. James, M. D. 806 pages, 8vo. Philadelphia: W. B. Saunders & Co. Cloth. \$5.00 net.

There is no subject that is attracting the attention of both the medical world and the public generally as that of tuberculosis. National, State, county and city societies are formed to devise ways and means of combatting the scourge of the world, the "white plague." Steadily this disease has reached the highways of life, increasing in destructiveness as the years have passed, till today the attention of the whole world is directed to its fearful ravages.

This clear, comprehensive, and masterful work of Prof. Cornet is therefore peculiarly timely. Each phase of the subject is considered, and in a way that holds the attention of the reader. In the arrangement of the subject, clearness of description, thoroughness of detail and comprehensive character of the work, it takes its place at the head of works of like character. One of the most interesting of the series, and must be read to be appreciated. Every physician should have the work in his library.

R. L. T.

**A MANUAL OF SURGERY.** By Magee and Johnson. Lea Brothers & Co. Philadelphia. Cloth, \$1.00.

An epitome often disappoints, as the effort at condensation and brevity results in sacrificing essential details. A careful examination of this manual of less than 800 pages gives an impression of remarkable completeness and comprehensiveness. The authors assume a certain amount of knowledge and familiarity on the part of those they are addressing, in regard to surgical questions, and therefore waste no words or time on preliminaries or theories. They enter directly *in medias res*, and give no dogmatic, positive statements, summing up succinctly the latest conclusions of the best surgeons. It is a work that must be appreciated by those who realize the importance of time and labor saving equipment.

W. B. C.

**REGIONAL MINOR SURGERY.** By George G. Van Schaick, M. D. Second edition, revised and enlarged. 228 pages, profusely illustrated. New York: International Journal of Surgery Co. Cloth, price \$1.50.

Many physicians consider aseptic surgery only essential in important capital operations, and continue to treat cases of minor surgery with very little regard to surgical cleanliness. They accept results that come far short of the best possible—are content if their patients finally recover, even if suppuration does supervene, greatly prolonging convalescence, and causing excessive, needless development of scar tissue. The little work of Dr. Schaick with the above title, opens very appropriately with concise directions for securing asepsis. On this account, if for no other reason, it will be well if the book has a large sale.

# LIBRADOL.

## The Season for Insect Stings and Bites is at hand.

It has been brought to our attention through numerous reports that Libradol is a quick reliever of bites and stings of insects, and we ourselves witnessed in two instances its marvelous power in the instantaneous relief of the pain of bee stings. In this connection, the following letter from Dr. Albert Sayler will prove of value, to physicians who may be confronted with a painful sting or insect bite.

"About the middle of October, 1903, immediately after the fall, or aster flow of honey, in closing up for winter the bee hives of my apiary, I was stung on my hands and wrists, at least fifty times, and most likely, seventy-five times.

"I applied Lloyd's Libradol once, during my closing up bee work, and twice afterwards. The swelling stopped at once, as if by magic, with scarcely any after-puffiness, disagreeableness, or discomfort.

"About a week ago, working without my bee veil, one little nettlesome rascal dabbed me on the nose, and while the pain was yet severe, I ran for my box of Lloyd's Libradol, and applied the remedy, thinking to note from time to time its effect. But just like a small boy, I forgot all about the sting for at least three days.

"Nothing else as yet developed compares with Libradol for dulling the pain and reducing the swelling of bee stings."

Respectfully,

ALBERT SAYLER, M. D.,  
New Palestine, Clermont Co., Ohio.

In this connection it is well to bear in mind that Libradol need not be plastered thickly where a large surface is involved, but that a thinly spread tissue is satisfactory, or it may even be rubbed on the skin with the finger. Please bear in mind that Libradol instantly relieves itching of a surface, and is especially applicable to chronic itching of the anus.

Price, 1-lb. package.....	\$1.50	By mail, \$1.75
" ¼-lb. " .....	.45	" .55

June 1, 1904.

LLOYD BROTHERS, Cincinnati, Ohio.

**ECHAFOLTA. (The Best Remedy for Blood Depravation.)**

This is the choicest of all preparations of Echinacea, and has the following history: In 1887 we introduced Echinacea in the form of a tincture. We did this years before any other pharmacist knew of the drug.

As does all percolates of this drug, and all colored preparations of it, the tincture contains impurities which disturb its action and lessen its value. This we early discovered, for crude Echinacea root is a very impure drug. It contains much plant dirt, much sugar, much glucose, much inert coloring matter. These go into ordinary preparations of Echinacea. In surgical cases such impurities of Echinacea may be serious. Coloring matters, organic ferments, and glucose are inadmissible. No colored preparation of Echinacea should be applied to a wound or used internally.

We experimented to overcome these imperfections, and finally discovered how to do so. This was accomplished years ago. The perfected preparation we named Echafolta.

Echafolta is the only perfect representative of Echinacea. It is the preparation that broadly established the value of Echinacea. This we can say by authority, for we introduced both Echinacea and Echafolta, and on our preparations the value of this drug was established.

Whoever has a bottle of Echafolta may accept that whatever is possible of any preparation of the drug Echinacea is at his command.

Echafolta contains no water, no glucose, no sugar, no tannates, no inorganic salts, no albumen, no gum, no coloring matters, no organic germs or organic ferments. Echafolta is clean, but yet is complex. It is a complete representative of the drug Echinacea carrying its full drug value.

The uses and dose of Echafolta are given in full on each label. It is a marvelous remedy—the most popular of all remedies in diseases that involve blood depravation. It is a corrector of blood dyscrasia, non-poisonous, and has advantages over all other medicaments for this purpose. Its field of usefulness is already great, and yet, is not fully developed. To all this the medical profession attests. Physicians using Echafolta commend it to their professional friends who in turn praise it to others. Thus the reputation of this choice remedy, now the standard for sepsis, was established before the crude drug from which it is made was known to commerce.

In our recent pamphlet on Libradol, a remedy that relieves pain by local application, mention is made of Echafolta. This brings to us a great number of inquiring letters, inasmuch as the field of Echafolta is one of the most important confronting physicians. In response to these requests the present treatise is prepared, the object being to extend information concerning Echafolta and its uses. Let us repeat that we make no family medicines, secret mixtures, or self-cures for the people, our preparations being prescribed by physicians and obtained through their druggists. To plant preparations, our specialty, we have for years devoted persistent study, and our products are representative. Let us hope that Echafolta, a remedy as invaluable in its field as is Libradol in its own, may prove as useful to physicians who are now unacquainted with that preparation as is Libradol to those using that effective remedy for pain.

Echafolta is carried in stock by every jobbing druggist in America. It is to be obtained in original vials at the following prices: Four ounce, 55 cents; eight ounce, \$1.00; sixteen ounce, \$2.00. Should the remedy not be at command of a physician desiring it, we will mail a four-ounce bottle on receipt of 77 cents. As has been said, each bottle is accompanied by details and doses.

LLOYD BROTHERS, CINCINNATI, OHIO.

There are sufficient reasons for approval besides on the intrinsic merits of the production. The article on page 152 on Flat Foot should easily be worth the price of the book to many doctors who call such cases rheumatism, and treat them with liniments.

Notwithstanding the existence of numerous works on orthopedic surgery, the one under consideration is sure to find a large field of usefulness.

W. B. C.

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**INTRA-UTERINE MEDICATION.** By Charles Woodward, M. D. Published by the author, 762 Warren street, Chicago. Cloth, \$2.50.

In this little work Dr. Woodward gives his experience of 30 years practice. He claims for his method that there is no shock, and consequently no pain (uterine colic) attending these intra-uterine washings and application of remedies. Any treatment that will take the place of the almost universal curetting that has been practiced the past few years, should be gratefully received by the profession and doubly so by women. The author is thoroughly convinced that his methods are not only safe, but absolutely correct, and he impresses the reader that he has found a successful way of curing uterine diseases. The book should be in the hands of every physician who treats female disorders that he may thoroughly test the improved treatment.

E. L. T.

**RADIOTHERAPY, PHOTOTHERAPY, AND HIGH FREQUENCY CURRENTS.** The Medical and Surgical Applications of Radiology in Diagnosis and Treatment. By C. W. Allen, M. D. 618 pages, octavo, 131 engravings and 27 plates. Philadelphia: Lea Brothers & Co. Cloth, \$4.50 net.

The medical profession has shown much interest in the curative properties of the x-rays since their discovery. Their ability to benefit and cure many diseased conditions that were incurable by former methods, have stimulated much study and experimentation with them. The author of this book has presented in a clear manner all phases of this subject. All that is necessary to know about the apparatus producing the rays and the methods of applying them, is thoroughly explained. The pathological conditions that can be benefited or cured are named. The therapeutic action of rays from other sources, such as those coming from uranium, radium, polonium, and their compounds, is discussed. A whole chapter is given on the use and results of high frequency currents when used as curative agents. This work is very full of information along the lines just mentioned.

J. B. S.

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**THE PRACTICAL APPLICATION OF THE ROENTGEN RAYS** in Therapeutics and Diagnosis. By W. A. Pusey, M.D., and W. Caldwell, D.S. 690 pages, octavo, with 195 illustrations. Philadelphia: W. B. Saunders & Co. Cloth, \$5.00 net.

A practical feature of the work lies in the fact that nearly all the illustrations represent actual clinical subjects, showing the benefits of the x-rays at various stages of their application. The chapters by

Caldwell give full details regarding the use and management of the apparatus, the text being fully illustrated with many photographs and drawings, including four full-page colored plates. The second edition has been brought strictly down to date, especially the case histories cited.

This work is suited to those interested in the x-rays and their therapeutical uses. The x-ray equipment, tubes, the best methods of using them and caring for them; coils and interrupters, static machines and their use in x ray work; the fluoroscope, the radiograph, with full instructions as to the methods of producing it; in fact all instructions are given by which an intelligent understanding of the x-rays and the methods of applying them therapeutically can be obtained. The popularity of this work is shown by the fact that this is the second edition of the work issued within the last year. This edition contains all that is known, of a reliable character, upon this subject up to this time.

J. R. S.

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**THE ART OF COMPOUNDING.** A text-Book for Students and a Reference Book for Pharmacists. By Wilbur L. Scoville, Ph. G. Third Edition, Revised. Cloth, \$2.50. P. Blakiston Son & Co., Philadelphia, Pa.

This book is progressively interesting and useful, as the revised editions appear. It gives in selected sections much information that a student or reader would have trouble in picking out of the general publications connected with pharmacy. The different sections that concern pharmaceutical preparations are admirably classified and excellently handled. Beginning with the touch that impresses the intellect through the senses, each of these subjects of nerve impression is separately considered. For example, the senses of seeing, hearing, smelling, tasting and feeling, introduce the volume, and chapter II follows, with prescriptions and prescription writing, after which, in natural sequence, we find the classes of compounds known as pharmaceutical preparations, and the methods of making them.

One of the important sections is that devoted to "Incompatibilities," wherein we find some of the most recent introductions in medicine. For example, Adrenalin, which it may interest our readers to know, "is rendered insoluble by alkalis, and is a strong reducing agent, rendering it incompatible with all reducible substances."

Again, in another place, where prescriptions are criticized, it is shown that a steel spatula should not be used in the making of an ointment containing Adrenalin, because "The adrenalin solution will darken if a steel spatula be used."

It would be well worth the time of every physician to study over this section on "Incompatibles," to which it may be added that it is not less interesting and valuable to pharmacists.

To sum up, this book carries a classified fund of information invaluable alike to physicians and pharmacists. The recurring editions are evidences of its value and popularity.

J. U. L.

**A TEXT-BOOK OF PATHOLOGY.** By Joseph McFarland, M. D. Handsome octavo volume of 818 pages, with 350 illustrations, a number in colors. Philadelphia, W. B. Saunders & Co., 1904. Cloth, \$5.00 net; Sheep or Half Morocco, \$6.00 net.

This is the most complete work on pathology that it has been our privilege to examine. Every phase of pathological manifestation has been thoroughly and lucidly discussed and the subject is brought up to the very latest investigations and discoveries. The text is excellent and is embellished by many illustrations, some of which are colored to represent actual conditions.

L. W.

**A TEXT BOOK OF PHYSIOLOGY.** By Isaac Ott, A. M., M. D. 137 illustrations. Royal Octavo, 563 pages. Bound in Extra Cloth. Price, \$3.00 net. F. A. Davis Company, Publishers, Philadelphia.

This work is well adapted to the needs of the student. Physiological facts are plainly set forth in language devoid of confusing and obscure technical terms. Small space has been given to electro-physiology, and laboratorial technique has, to a great extent, been omitted. The treatise is a plain and simple exposition of the chief facts of physiology, such as are necessary to the student who desires to apply them in the practice of medicine.

L. W.

**NAGEL'S EPITOME OF NERVOUS AND MENTAL DISEASES.** By J. D. Nagel, M. D. 12mo. 276 pages, with 46 illustrations. Cloth, \$1.00 net. Lea Brothers & Co., Publishers, Philadelphia.

This small volume compresses the essential facts of its subject into the briefest possible space. It is a convenient work for the student or busy physician who desires to quickly refresh his memory upon any point in mental and nervous diseases. Of course a wider study is presupposed. This number of the "Epitome Series" fulfills the objects of its authors, inasmuch as it gives "the essence of the subject."

L. W.

**PRACTICAL DIETETICS.** By Alida Frances Patten. 12mo., Cloth, 300 pages. Net \$1.10. Published by the author at 52-W-39th St. New York City.

The cordial reception given the first edition of this book has necessitated the second revision and enlarged edition. The author has had extensive hospital experience in the Boston Normal School and is Instructor in Dietetics in the Bellevue Training School for Nurses. This is a small and concise manual for the use of nurses and a class room text-book.

J. K. S.

**A NEW ECLECTIC MEDICAL JOURNAL.**—The enterprising physicians of Georgia have organized a stock company to establish a good Eclectic medical journal in Atlanta,—an organ for the Georgia Eclectic Medical College, which is exceedingly popular in the South. The only way to secure the assurance of perpetuity in a medical journal is

to have a well capitalized company at the back of it, and we are assured that is the case with this journal, the first number of which will be issued in November. Prof. Wm. M. Durham, M. D., has a large finger in this pie, and whatever Dr. Durham puts his hand to, goes. We anticipate success for the new project, and so predict, knowing what a large constituency the college has in the South. We recommend all of our readers to subscribe for this journal.

The author of "The Heart of the Ancient Wood" has a short novel in LIPPINCOTT'S MAGAZINE for November which will advance him in the favor of his friends and make him new ones. It is called "The Prisoner of Mademoiselle de Biencourt," and happens in Acadie, where "Evangeline" lived and loved. But it is a dashing French life that it pictures and it sparkles with brilliant action.

We are in receipt of Volume 1, Nos. 1-3 of *The Nebraska Physician*, a new monthly journal of eclectic medicine and surgery, and the official organ of the Nebraska State Eclectic Medical Society. This neat little journal is edited by Drs. F. L. Wilmeth, W. N. Ramey and J. M. Keys, a sufficient guarantee that it will sustain eclecticism and be a powerful aid to the society under whose auspices it is published. The Journal congratulates the editors and the Nebraska society, and commends the Nebraska Physician to eclectics wherever located.

## COLLEGE AND SOCIETY NOTICES.

### AN OPEN LETTER.

F. M. Wright, of Indianapolis, seems to have started his "Journal of Liberal Medicine" for the purpose of securing an outlet for his overcharged reservoir of unreasonableness.

Since the Terre Haute meeting many things have been printed in his journal, reflecting on Indiana Eclecticism and its loyal supporters. For fifteen years I have attended every meeting save one of the Eclectic Medical Society of Indiana. In all that time the men who joined the society to work for its good have been promoted because they deserved it. Had Dr. Wright done the same, he would have been president.

I am largely responsible for the ticket elected last May in Terre Haute, being the only member of the nominating committee present in the forenoon; as soon as the other members come the list was submitted for their approval or rejection; they at once approved the selection.

Dr. F. A. Hosman, who made a fine showing before the State Board, was selected as Cor. Sec. he being, other than Dr. Wright the only man from Indianapolis, barring those who had served in the



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## ORIGINAL COMMUNICATIONS.

### SOME OLDER BOTANIC PHYSICIANS.

By Alexander Wilder, M. D., Newark, N. J.

LORD Bulwer-Lytton quotes at the head of a chapter in one of his books a remark about a certain mysterious brotherhood that existed during the Middle Ages. It was a comment upon their extraordinary knowledge of the art of healing. They treated the sick, it is said, not by the remedies used by physicians, but by "simples." Lest this designation be possibly misunderstood, it may be well to explain that a "simple" is not some common-place article used in family and domestic practice, as might seem, but a medicine usually prepared by infusion, decoction, or distillation of plants possessing remedial virtues, and administered without compounding for the specific bodily disorder. The method of the common physicians of those former times consisted in the adding of ingredient to ingredient till oftentimes the number approximated a hundred. What was more abominable, the foulest and most repulsive articles were employed. It was far less vexatious, or even dreadful, to die, than to take the medicine.

My worthy friend, Dr. R. E. Kunze, now of Phenix, Arizona, is one of our most scholarly physicians, eminently fit to be named with Kost, King, Bundy, and even Rafinesque. One evening while a resident of New York, he read a paper in which he set forth polypharmacy in vivid, but by no means attractive colors. His description of the conglomeration known as "Warburg Tincture" awoke my love of nonsense. He represented it as containing some eighty ingredients, and named "kyphi" as one of them, remarking that it was itself a compound of fifteen different articles. I remarked that the number was not complete; there were sixteen. He cited Pliny to defend his enu-



meration. I answered with Plutarch, protesting that I could not consent that the integrity of the medicine should be impaired. Dr. Kunze, with his acumen, has not a vivid sense of humor, and I doubt whether he yet appreciates the real point of my argument.

Nevertheless, I am not opposed to compounding, but to putting together a multiplicity of ingredients. I do not believe in the discretionary power of the human stomach to apportion so many elements and distribute them properly like letters in a post office. Besides, many of the articles formerly used were of the most disgusting character, more suitable for a stercoary than for a stomach.

Nicholas Culpepper was most conspicuous among the earlier exponents of herbal medicine in England. He possessed superior attainments, both classic and professional, and his works long enjoyed a wide celebrity. His treatise, "The English Physician," was first printed in 1650, and was a text book for his followers till the nineteenth century. It has been several times republished. The remedies which he set forth were entirely distinct from the "apothecary stuff" in vogue, but were entirely in conformity with the notion current among the plain people that every region of the earth produces plants suitable for the diseases common among the inhabitants. Many of those which he named as indigenous in England are familiar to us in America; probably from having been accidentally imported by colonists. Some are known by us as only weeds, but others of them are known to possess superior virtues.

Culpepper cherished the purpose to disseminate thorough medical knowledge, and bring it within the reach of all intelligent persons. Not only were his works free of the erudite jargon which so many employ, as if to conceal ideas, but as most scholars wrote in Latin, he translated several books into English.

A peculiarity of his principal work will be regarded in our modern times as fanciful, and even as a piece of superstition. He designated the "house" to which plants belonged, and indicated the planetary influence to be regarded, in order to assure the best condition of its remedial virtues. Yet at the period when this book was written this was considered an essential characteristic. Astrology had been for centuries a part of superior education. It was taught in the Spanish and other universities, and was regarded as a part of the medical curriculum. Tycho Brahe, Johann Keppler, and John Dryden, the English poet, were expert astrologists, and Keppler relied upon the art for years to win the means of subsistence. Others, whose names are well known, were equally proficient.

Learning, especially that of an esoteric character, tends to ally its possessors in brotherhood, and to such Nicholas Culpepper belonged. It is reported that his wife shared his knowledge, and that after his death she made overtures of marriage to John Heydon, a reputed member of the mystic circle.

The physicians who cherished the doctrines and methods of Cul-

pepper flourished in England all through the subsequent centuries. There were not then the arbitrary professional impediments, backed by statutes, to obstruct practice, and they were known generally by the modest title of Herbalists. Their field of labor was of course largely among the humbler classes of the population. He had many pupils who became excellent physicians.

There were now many herbalists in the United Kingdom and their influence was widely felt. They ranked about as high as the surgeons who, till the time of Cheselden and John Hunter, did not hold the dignity of a profession. But with the freedom of practice then existing, medicine was becoming more genuinely an art of healing. Little record, however, exists of the names or achievements of the herbal practitioners. Their existence is barely known even now. A practice or school of thought that has no history or literature inevitably passes into oblivion.

In the early years of the eighteenth century Dr. Woodward, of London, made somewhat of an innovation upon the teachings of the herbalists. He published a book entitled, *The State of Physic and Diseases*, which is said to have greatly resembled in its views the doctrines promulgated in America by Dr. Samuel Thomson a century later. It was quite widely sold, and had an influence for the accepting of the Thomsonian practice when introduced at a later period.

Dr. John B. Howell has the credit in turn of introducing the English herbal practice into this country. He had been a pupil of Dr. Thornton, and was thoroughly imbued with the Culpepper opinions. He was, like a large number of the English people, in warm sympathy with the new nation across the Atlantic. Resolving to become a citizen of the American republic, he dropped his practice in 1793, and came hither, making his home in Philadelphia. Here he remained till his death, engaged in the work of his profession, and in zealously disseminating his views of medicine. He gained many adherents in the medical profession, and his relations with the American Botanic practitioners were cordial and fraternal. He was successful in organizing the Pennsylvania Society of Botanic Physicians, of which he was both nestor and president. The formation of the Medico-Botanical Society in London about the same time shows that there was a fair opportunity opening for a wholesome revision of the current practice of medicine. At this period the Sangrado fashion existed at its height to "bleed patients till white," and was championed by such men as Bronssais, Wm. Cullen, and Benjamin Rush.

A prominent disciple of Dr. Howell in Philadelphia was Thomas Cooke. He shared the enthusiasm of his preceptor, and took up his work with firm purpose. There had been Botanic practitioners, and root and herb doctors all over the country, as well as the new group of pepper doctors, as the followers of Thomson were called. Few of them, however, were persons of more than very moderate education. This was unfortunate, but as they were chiefly sons of rural farmers

and mechanics, with barely a common school instruction, this could not well be helped. There is no occasion, however, to throw this up as a stigma upon them. No class of medical men in the country had superior learning. Men often spelled incorrectly in those days, and few books were read; women hardly went to school at all till the near approach of the nineteenth century. Physicians of the various grades came from the ranks of the people, and little excelled the group from which they came. They might be denominated a learned profession, but they were not.

Dr. Cooke took up the work of Dr. Howell with enthusiasm. He taught pupils, conducted a medical journal, and did what he was able to diffuse better opinions. Prof. Rafinesque had made his final residence in Philadelphia, and Dr. Cooke was probably familiar with him and his books. At the death of the worthy savant in 1841 Dr. Cooke became the possessor of the plates of *The Medical Flora of North America*, and republished the work in his journal. The cuts were afterward furnished to Dr. Beach for his publications.

Dr. Cooke was of a catholic temper, and labored faithfully to establish a kinder sympathy among the various groups of reforming practitioners. He extended fellowship to all, and frankly recognized the merits of the various teachers. The Eclectic Botanic Association of Pennsylvania was formed in 1841, with a membership of former Thomsonians, Reformed physicians, and Botanic practitioners.

Dr. Thomas V. Morrow contemplated a project at this time of a National University, in which all the parties and groups of medical reformers might take part. He believed that such co-operation would tend to harmonize their differences, make them stronger as a school of medicine, and give a firmer hold upon the confidence of the people. Dr. Cooke and his associates promptly signified their readiness to take part with him. But it was not an "era of good feeling;" the Thomsonians were in a dispute among themselves; those in sympathy with Dr. Alva Curtis having seceded from the others, and in bitter feud with them. The latter party was in no mood to fraternize with the friends of Wooster Beach and the school at Worthington. Accordingly Dr. Bankston, of the Georgia Botanic College, speaking for his associates, repudiated the plan of union in terms of contumely. Dr. Morrow then relinquished the subject and directed his attention to the establishing of a Reformed medical college at Cincinnati. Here he met with a complete and most gratifying success.

Dr. Cooke did not relax his efforts. Following the example of Dr. Morrow, he turned his attention to the forming of a permanent school of instruction. He succeeded in obtaining an act of incorporation for the Eclectic Medical College of Pennsylvania, and getting the new institution into operation with a competent faculty. All was going on encouragingly when death arrested his work.

Nevertheless, despite the fact that Botanic physicians and Herb doctors existed in considerable numbers from the early colonial pe-

ried, the most numerous Botanic practitioners in the United States during the first half of the nineteenth century, and even to a later period, were of the school founded by Samuel Thomson. This was doubtless owing to his stubborn energy, his ready sympathy, and his tact in the care of the sick. When he desired to study medicine after some methodic manner, a Botanic physician refused to take him because of his want of education. He could say with another similar character, "While he was acquiring his classic knowledge, I grew up in the wild country ; I ripped with old Euripides ; I cantered with old Cantharides ; and I soaked with old Socrates."

But whether Thomson could write or not, he could "make his mark." Rude as he was, rough as were his speech and manner, he won confidence wherever he went. His patients would recover from pneumonia, spotted fever, scarlatina, diphtheria, and small-pox.

I have not much to say about him. It is time now to drop animosities against him, and recognize the good which he accomplished. He was blamed for his virtues rather than for his shortcomings. He was denounced for his Jeffersonian political views, which in New England were esteemed as rank infidelity, but he "brazened it out." He was outwitted by the cunning of men having his matters in charge, but he came out the stronger for the obstacles which he had to overcome. Legislation, sometimes of monstrous character, was obtained for the purpose of silencing him, and withholding honorable compensation for honorable work, but this served to rally the people for its repeal because of its injustice.

It is not a novel fact that his children and later descendants have in a great degree departed from his methods. Such is the history of human effort. Every generation seems to change the customs of the one preceding. The school of medicine claiming to be "the profession" has changed again and again like a kaleidoscope. Homeopaths do not adhere to Hahnemann. Whatever the changes in the practice of Reformers, there are abundance of precedents. It is meet that we now render due honor to the men who have made things possible for us.

In regard to the intrinsic merit of the methods employed by the Thomsonians, it may be well to cite the words already trite, of Dr. George McClellan, of Philadelphia : "We must adopt their treatment or lose our practice." His more famous son emphasized the idea by procuring the appointment of a Surgeon General who excluded noxious drugs from the army chest in the first years of the civil war, as though the drugging was more dangerous than the bullets of the foe.

### VENESECTION AND A CASE OF PUERPERAL (UREMIC) CONVULSIONS.

By Joseph E. G. Waddington, M. D., Detroit, Mich.

**A**T 9:30 A. M. April, 4th, I was called to see Mrs. J. Her history, as then and subsequently ascertained, was as follows: Aged 21 years, German, medium height and weight, eldest of five children. Mother's confinements normal. Married 18 months; never been sick a day, not even suffering from morning sickness during her pregnancy; kidneys always in good working order, but bowels habitually constipated.

Nine o'clock of the previous evening, started in labor and a doctor was called, who at once administered chloroform "to ease the pain," delivering her with the forceps at 2:30 the following morning of a full term child. Immediately after delivery convulsions appeared, one following right after the other. At each convulsion dislocating her jaw, which was, however, easily replaced. It was now discovered that the bowels had not moved for at least two days, and the bladder had not been evacuated since some time prior to labor. A half pint of urine was obtained by catheterism and proved to be highly albuminous. Croton oil, two drops, was applied on tongue and chloroform administered each time a convulsion appeared. The patient was left at 6 A. M. in charge of her husband, with directions to administer chloroform upon the appearance of a convulsion.

At 9:30 A. M. I was called and took charge of the case. The patient had been having convulsions almost continuously, except when kept under the influence of the anesthetic. Upon my arrival found patient comatose, having been insensible since the birth of the child; eyes irresponsive to light and contracted; breathing slow and irregular; much rattling of mucus in the throat; pulse 80 and of good volume; jaw dislocated—this was easily replaced; neither kidneys nor bowels had acted. I was in the house but five minutes when she took with a tremendous convulsion. The lips and facial muscles twitched; the head was thrown back by a succession of violent jerks, finally constituting a state of opisthotonos. The limbs were stiffened and jerked backward. There was not so much violent and rapid movement as a gradual stiffening and jerking backward of all the muscles into a true opisthotonos. The jaw, as before stated, was dislocated at each convulsion. I gave her a hypodermic of 1-10 grain apomorphine hydrochlorate, and relaxation ensued in about a minute, she subsiding into her former comatose condition. By catheterization I obtained six ounces of urine, which by heat and acid test proved to be almost solid with albumin. A rectal enema was given without results. Hypodermics of 1-8 grain pilocarpine hydrochlorate, alternated with apomorphine hydrochlorate 1-10 grain every half hour, kept the convulsions in check, there being but four slight ones between 10 A. M. and 2:30 P. M., at which time I sent her to Grace Hospital, with direc-

tions to give high rectal enema and a hypodermic of 1-8 grain pilocarpine every time she had a convulsion. Upon arrival at the hospital at 4:30 P. M. I found patient slightly delirious; temperature 98.6; pulse 68; no convulsions since leaving the house. Prescribed specific gelsemium 3ss; specific veratrum 3j; aqua ℥iv. One drachm every half hour until effect.

Called again 7:30 P. M. Patient wildly delirious, in fact maniacal; temperature 97.6, pulse 62, eyes bright and glassy, pupils contracted; unable to give enema or medicine. I managed to get patient to take one and a half drachms anti-bilious physic in half glass of water. From the drop in temperature and general condition, realized that case was desperate. Had her placed in a superheated air apparatus, temperature 150°, the entire body with exception of head and face being covered. It required three nurses and myself to hold her in the heater. Her screams could be heard for quite a distance. Any remark addressed to her would now call forth a filthy epithet or sentence, her language being the exact reverse of that used in her rational state. She urinated profusely whilst in the heater. At the end of 45 minutes she was conveyed to a well heated bed. Her actions and demeanor were now so outrageous as to compel us to tie her down. At this stage, Dr. Frank A. Kelley, the house physician, suggested bleeding, he having recently obtained splendid results in several such cases, his argument being that the blood from the general uremic condition was now more of a poison than a life sustaining fluid, and bleeding would relieve the system of so much poison. Saline solution then being injected would more than counterbalance any weakness caused by abstraction of the vital fluid. This suggestion I adopted and withdrew 18 ounces of blood from the right arm. This was a procedure of considerable difficulty. Bandaging and tourniquet failed to appreciably dilate the veins, and when finally a vein was opened it was extremely difficult to get blood to flow, it clotting almost instantaneously upon contact with the air, resembling in appearance brownish yellow mud and requiring constant probing to keep the stream flowing. At the commencement of venesection the patient, though tied down, was extremely restless and had to be gagged to stay her from spitting and biting. All this time she kept up a vociferation of filthy language.

After abstracting ten ounces of blood the patient commenced to calm down and by the time the 18 ounces was reached she was sound asleep. The pulse, which was 120 at the time of removal from the heater, had now dropped to 100, in volume seemingly unaffected by the bleeding. One pint of normal saline solution was introduced into the cellular tissue of the abdomen. It was now midnight and I left directions to give gelsemium and veratrum mixture every hour when awake and to give one and a half drachms comp. jalap powder as soon as she awoke.

I returned to the hospital at 9 A. M. Patient awoke at 1 A. M.

rational. Had taken jalap powder and medicine, urinated slightly involuntarily at 1 A. M. and bowels had moved thrice during the night a fair amount. Temperature 102° and pulse 95. Directed patient to be taken to heater for 45 minutes and elaterium 1-10 gr. to be administered every two hours, alternating with the gelsemium and veratrum. Her temperature rose to 103° and pulse to 116 at eleven that morning. At 5:30 P. M. temperature was 100° and pulse 92. At this time she started to flow slightly, the first since the confinement. From this time, 5:30 P. M., April 5th, to midnight of April 7th, the bowels moved 23 times, being loose and watery, and the kidneys moved five times, each time involuntarily and but little in amount. The temperature was now 99.6 and pulse 106. She was baked each day for 45 minutes in the heater and the elaterium reduced to 1.20 grain on the second day, being omitted entirely after the fourth day, her temperature then being 98.6 and pulse 90, kidneys and bowels moving freely about four times in the 24 hours. She was kept on a milk diet and tinc. ferri chlor. ten drops three times a day, was now prescribed.

The babe was alternately nursed from the breast and the bottle, the patient having but little milk. Owing to the urine being passed involuntarily or being mixed with fecal matter, it was impossible to get urinalysis until the fourth day, which then showed albumin but a trace, specific gravity 1012, all else normal.

On the seventh day patient developed a temperature of 102° due to nervousness caused by the baby's ineffectual attempts to nurse. The babe being kept from the breast, the temperature was normal again on the ninth day, so remaining until the thirteenth day, when she developed a temperature of 101° after being up all day contrary to orders. This again became normal on the fifteenth day and so remained until discharged. On the nineteenth day of her hospital stay urinalysis made on this last day revealed absolutely nothing abnormal, and at the present date, five weeks from her confinement, she is perfectly well and strong and able to nurse her baby entirely.

It may seem a far cry from the present year of grace to venesection, but I think the above argument answers all criticism.

#### PARISIAN MEDICAL CHIT-CHAT.

Translated from the French by T. C. Minor, M. D., Cincinnati.

*As regards Trypanosomes, Anopheles, Vibrions, Fleas, and others,  
Good Microbes! Sound the Lyre! The Microbe Mania.*

IT seems that the friend of the anopheles, Lavaron, has just presented to the Academy of Sciences a study entitled "Trypanosomiasis, and Trypanosomiasis." "These organisms," says he, "are the cause of sleep in one of the great endemic diseases of Equatorial Africa." He had told this before, and after? He investigated, as a

matter of course, for a curative serum. It is always the theory, but unfortunately poor Lavaron does not know that the theories of medicine, the same as all other theories in other branches of human knowledge, are not eternal, and when they appear most beautiful and unassailable, are easily knocked—go out of fashion too, like boots or breeds of dogs.

They affirm that the Eberth bacillus is the efficient cause of typhoid fever; that the Koch bacillus is the factor of tuberculosis, etc. This is very simple; the more the affirmation is formal the more it is imposing. One does not dare to say a word against what is written by certain pseudo scientists. To say the theory is false is to be considered heterodox. No one must dare contradict the edict of certain men, no matter how illogical they may be. This is why Pasteur, who was never even accused of being a physician, is worshipped as a medical god, while Roux is considered his prophet.

But there has been an awakening, for fortunately there appears to be good microbes. The need of good microbes supplies a long felt want, for with an immense number of microbes, bacilli, bacteria, and vibrions discovered in the last twenty years, germs that so-called scientific medicine has not been able to destroy, it is astonishing that the human race has still any of its representatives on the face of this earth. Then, too, Prof. Cherrin has demonstrated by curious experiments made upon animals, that when sterilization of food is pushed too far, very serious inconvenience results to mankind.

This is a hard brick thrown into the pond where the microbized frogs and the poisoned tadpoles reside, the humbug Pasteur laboratories. We might sing of micrology those familiar verses of the good Poet, Clement Marot:

"We come, we come, little beasts without reason;  
According to medical humbug each season."

Only a few days since we read "Jerome Paturot Investigating Social Position," that strange work written by Leybaud in the days of Louis Philippe. This author foresaw the advent of manufacturers of microbes and their wonderful curative serums. Read and hear, most venerated and erudite confreres from Avondale to the malarial haunted banks of the cat fish waters of the Kankakee. Jerome once made a visit to the French Institute. He saw Cornac there in all his glory. Cornac made him see all the national glories, one by one. "We showed them the bodies and minds of entomozaires; he had discovered the fifteenth articulation in insects and some antennæ that no one had ever before noticed. This is what made his fortune. He would pass down with posterity with his hymenoptera, without even counting on his new species of scolopendra. Suppress this man from the human community, and scolopendra would no longer hold the important rank to which they were entitled. He alone was able to show eight varieties and twelve subspecies; so the French made him a member of the Academy, and decorated him too!



Now change these names, entomozaires, scolopendra, into anopheles and trypanosomes, it is the same. This is to push science in the sense of indefinite specialties that have really no reason for existence, so as to refine the smallest details, such as aerobian microbes or anaerobian microbes, that have been classified, and the humbug hunt is far from over, so that finally one arrives in the quintessence where all becomes decomposed.

The world now fears mosquitoes, anopheles. Beware of fleas too, erudite brothers, for Dr. Van Waveran, of Holland, believes that syphilis is carried by fleas. What a boon for innocent church deacons and presiding elders! When you have been in a place that harbors fleas you must believe in nox, if you are orthodox in modern medicine.

"Un millheur hélas! est si vite arrive,  
Surtout en voyage!"

This is what Tom Hood sang in Lallah Rook. Is it not ridiculous? Perhaps you believe it, for 'tis a convenient excuse for a medical sinner. A few years since one believed that medicine was learned at the patient's bedside. Now it is the microscope and test tube, intermixed with fiber theory. But believe me, very noble medical brother, the hour comes when the death knell will be rung for the burial of all such medical stupidity; and with it will be buried the serums, anopheles, fleas, and medical frauds.

"This is no canard," said the hotel proprietor in a tone of irony, as he took charge of the regularly served dinner.

It was at the Bois, under the green trees, amidst the music and the groups of diners out, among beautiful women daintily clad in white robes, and dusty chaffeurs who had abandoned their automobiles for refreshment. The restaurant master stroked his side whiskers and indulged in some side remarks on the great bugaboo of microbes.

"It is something very comical," said he, "all this public pre-occupation on hygiene that has frightened the dear fool people out of their senses. It has little to do with real hygiene, that is nothing but cleanliness and merits our respect, but modern phantasies have grown so individual that each man's and woman's life has its particular manias. We all know that the celebrated microbial medical fakir, Dr. Roux, takes less pains to avoid the poisoning he preaches than the herd of half ignorant doctors who follow his teachings, like blind disciples, and delude an ever credulous public. This Dr. Roux has no fear of the alleged germs or microbes that medical imagination has conjured up."

The ignorant public has been taught to dread everything it eats, drinks, touches, even the air it breathes. It shudders in alarm now when it hears the hum of the dread mosquito. Of all the millions stung by mosquitoes how many became even ill?

Alcohol, too, is to be banished because it is said to develop toxins of excessive activity. Milk, it is claimed, is full of deadly leptothrix, so that a Bourbon punch is a frightful poison, yet the learned

Doctor Rabelais once remarked, "There are more old drunkards than old doctors." Even our meat is charged with ptomaines, home furnishings are laden with horrid vibrions; tetanus lurks in the leaves of rose-buds; cancer germs hide in water cress salad; the typhoid bacillus abounds in the purest aqueous supply, according to that ever veritable medical humbug. Eberth, in fact, according to the doctrine of the microscopic school of medical damphools, there is danger on every hand and pestilence walketh in the noonday.

To eat is an exercise that all the world must follow in order to live. What should one eat? Fish, meat, eggs, are said to be poison for rheumatic subjects; green vegetables are said to dilate the stomach; cheese and salad are said to cause the falling out of the hair, for every bald-headed man probably once ate cheese or salad. Nothing like modern medical science to explain cause and effect. As for game, quail on toast, and lobster a la Neuberg, they can only be compared to "Aqua Tofana," as brilliant regenerators of certain unmentionable cellules.

#### TYPHOID PROPHYLAXIS.

By W. S. Bogart, M. D., Hanna, Wyoming.

**D**URING the recent period in which I was associated in practice with my former preceptor, Dr. W. C. Cooper, of Cleves, he presented to my attention a combination of *sp. nux vom.*, *sp. cinchona cali.*, and *sp. hydrastis* as a stomachic and appetizer. Numerous trials of the prescription for the above purpose amply proved Dr. Cooper's judgment in the matter.

Since removing here I have found present a set of conditions extremely unusual in Wyoming, resulting in the presence of a disease heretofore unknown to me in this region, and limited locally to this immediate vicinity. A great portion of the town is devoted to miners' homes, which are largely located over an old alkali bed. This part of the town also lies relatively very low, and receives the drainage of the remainder of the place, as well as of all the surrounding country. Couple the above with an open sewer, stagnant pools, and the unsanitary mode of life of the miners, most of whom are foreigners, and you have at once the possibility of typhoid, which the senior surgeon here tells me appears nearly every year, to the extent of 25 to 50 cases in a population of 1000.

September and October are the months of infection, the disease disappearing about November.

During the past month we have had the indications of a visitation. Men came in complaining of general malaise; have sallow skin, torpid liver, capricious appetite and bowels, borborygmus, uneasiness in hepatic region, disinclination to work, and vague dull aches.

From the above it will be seen that the indications for the remedies mentioned above were always present; and in these cases I have given the following prescription:

R—Sp. nux vom. gtt. x; sp. cinch. cali. ʒiss; sp. hydrastis, ʒj; aqua, q. s. ad ʒiv. M. Sig. Drachm before meals and at bedtime.

I have thus far so treated over a score of men for the above symptoms, and we have not had a case of typhoid in the town; and in most instances one bottle has enabled the patient to resume work. While this may be a little late for typhoid period in lower altitudes and latitudes, I believe it is a tonic treatment worth remembering.

### GLECHOMA HEDERACIA.

By C. W. Seely, M. D., Wileyville, W. Va.

*Synonyms.*—Ground ivy—Gill go over the ground, etc.

*Description.*—A more or less hairy perennial herb, creeping and rooting at the base. Leaves orbicular or reniform, crenate, petiolate, green on both sides. Flowers blue, in axillary whorls of about six, appearing early in the spring.

*Habitat.*—In waste places about dwellings and along the roadside.

*Part Used.*—The leaves and stems.

Glechoma is a drug little known among the medical profession, and seldom do we hear of its use. My attention was first called to its medical properties by Doctor William K. Foltz, of Akron, O., with whom I was formerly associated; therefore to his memory should the credit of this paper be given.

Being unable to procure the tincture of Glechoma from our drug stores, I have been making my own preparation as follows: Take of the green herb a sufficient quantity and thoroughly macerate by means of mortar and pestle. Then pack the macerated mass in a percolator or glass jar, and cover with a 75 per cent. solution of alcohol, and place the container in a dark place, away from the light for three or four days, care being used that there is enough diluted alcohol on the mass at all times to just cover it well. After standing for three or four days, percolate or decant with pressure the liquid, and filter by means of a heavy filtering paper. This gives a beautiful dark green tincture of the drug.

*Indications.*—The symptoms calling for the use of glechoma are closely associated with those calling for rhus tox. or apis mel.—in fact I think that apis mel. and glechoma closely resemble one another in their therapeutical action, with this exception that in those cases in which apis would seem to be indicated, with the exception of an edematous condition, then glechoma rather than apis should be thought of.

The general indications calling for the use of the drug are as follows: Small elevations of the skin of a pale red or white color, surrounded by a hyperemic condition of the skin, accompanied by a severe itching, burning, or stinging sensation, which is generally worse at night. Also in conditions where the patient complains of a sudden

and severe stinging sensation at some particular part of the body, which rapidly leaves only to appear at some other part of the body.

With the above symptoms I have had excellent results from the administering of the dilute tincture of *glechoma hederacea* in doses about as follows: From one-half to one drachm in four ounces of water, a teaspoonful of this dilution every one or two hours.

In several cases of urticaria or hives I have obtained the best of results with this drug, after failing with other treatment which was seemingly indicated.

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### RECIPROCITY.

By B. D. Harrison, M. D., Sault ste Marie, Mich.

**T**HE American Confederation of Reciprocating Examining and Licensing Medical Boards formulated the following qualifications in May, 1902, and its members (fourteen in number) are exchanging licenses on the basis of these qualifications.

#### ARTICLE 11.

The object of this confederation shall be to establish reciprocal relations between the medical examining and licensing boards of the states, territories, districts and provinces of the United States, the purpose of which being that thoroughly worthy and well-qualified physicians and surgeons, who have been legally authorized to practice under the laws of one of said states, territories, districts or provinces, may be given legal authority and be admitted to practice in any state, territory, district or province, represented in this confederation, without a repetition of the tests of qualification to which such practitioner has submitted.

#### QUALIFICATION 1.

A certificate of registration showing that an examination has been made by the proper board of any state, on which an average grade of not less than 75 per cent was awarded, the holder thereof having been at the time of said examination the legal possessor of a diploma from a medical college in good standing in the state where reciprocal registration is sought, may be accepted, in lieu of examination, as evidence of qualification; provided that in case the scope of said examination was less than that prescribed by the state in which registration is sought, the applicant may be required to submit to a supplemental examination by the board thereof in such subjects as have not been covered.

#### QUALIFICATION 2.

A certificate of registration or license issued by the proper board of any state may be accepted as evidence of qualification for reciprocal registration in any other state: provided that the holder of such certificate had been engaged in the reputable practice of medicine in such state at least one year; and also provided, that the holder thereof was, at the time of such registration, the legal possessor of a diploma

issued by a medical college in good standing in the state in which reciprocal registration is sought, and that the date of such diploma was prior to the legal requirement of the legal examination test in such state.

Dr. Godfrey's resolutions make much of inequality of state requirements and the difficulties to be met in adjusting them, and advocates indorsement in lieu of reciprocity as a remedy. Qualification 1, as quoted, provides the only legal, equitable and practical method, viz., the supplemental examination. Under the provisions of Qualification 1 it matters not if the requirements of one state are very much higher than those of the other state. The inequality can be adjusted equitably in every case without inflicting any hardship on the applicant, and at any time, and it allows for the raising of standards in states at such times and under such circumstances as made necessary by local conditions. This qualification eliminates completely a "repetition of the tests of qualification" to which a practitioner has submitted, and this "repetition of the tests of qualification" is the sole reason given for reciprocity. No reputable or worthy practitioner can possibly object to fulfilling qualifications which he has not previously fulfilled.

Qualification 2 applies to those reputable practitioners who obtained their state licenses on the basis of a faculty examination (college diploma) previous to the date of the double examination requirements (college diploma and state certificate) in States. Under this qualification no state is required to accept an applicant whose diploma dates subsequent to the date of the double examination test in such state. In other words, the applicant, if he had applied for registration in such state at the time of his graduation, would have been accepted. Therefore, the state, under qualification 2, dates back the application. The applicant, in addition to a standard qualification recognized as such at the date of issue, at this time also possesses several years of practical experience, which is in itself a legal qualification asset, and has, further, been investigated and recommended by the state in which his professional work has been done.

Could any provision for reciprocity be fairer, more equitable, more consistent with constitutional as well as statutory law—broad, and yet conservative, insisting on an exact legal qualification at the date of registration, than Qualification 2? It includes fully 75 per cent. of those practitioners to whom the benefits of practical reciprocity apply. Reciprocal legislation, which provides only for the present and future practitioner and ignores the older and experienced practitioner for the reason that the latter has not obtained his license through a State board examination, is not only irrelevant and unjust, but is also unconstitutional. The only practitioners excluded from medical reciprocity under Qualifications 1 and 2, in addition to practitioners not indorsed by State boards as moral and reputable, are those practitioners who obtained their licenses through a re-registration clause on the qualification of "years of practice" and those graduates of re-

putable colleges who registered under an exemption clause which permits graduates of colleges in the State responsible for the act to register without examination subsequent to the time of the double examination requirement in such State, and where all graduates from without the State are required to take the double examination requirement.

The above practitioners represent about 10 per cent. of the total practitioners of the United States and are not legally entitled to consideration; furthermore, such exemptions are unconstitutional and probably will be declared so in the near future by competent authority, and those practitioners who obtained their licenses through such exemptions will face the possibility of being summoned before boards to show cause why their certificates should not be canceled, from the fact that they have been issued through error.

No attempt has been made, as far as I am aware, to criticise adversely Qualifications 1 or 2. The fact that they have been indorsed and made active by several of the leading states is sufficient reason for their being considered seriously, and objected to if they do not fulfill exactly the purposes which created them. It is strange and unexplainable that in the matter of medical reciprocity eastern state medical boards are not only inactive and unprogressive, but fail to appreciate and to accept the practical results which have set aside all their objections against reciprocity.

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### CHRONIC NASAL CATARRH—A SIMPLE AND EFFECTIVE TREATMENT.

By G. A. Gilbert, M. D., Danbury, Conn.

WE feel inclined to report this case here, not only because of the marked and speedy results obtained from the simple plan of treatment adopted after the usual measures had been tried and proven ineffective, but because of the frequency with which the particular group of symptoms complained of by this patient confronts the general practitioner in his everyday work.

Lena D., a young miss of 18, had been a sufferer from chronic rhinitis or pharyngo-nasal catarrh for more than ten years, being subject to periodical attacks of coryza and tonsillitis, especially during the spring, fall and winter months. The mucous membrane of throat and nose became habitually flabby, congested and swollen.

At the age of 12, the characteristic thick, indistinct speech and stertorous breathing of the catarrhal patient became manifest, while at the same time plugging of the pharyngeal opening of the eustachian tube by the thickened mucous secretions gave rise to slight deafness.

The treatment throughout had consisted of insufflations of the usual antiseptic powders, ante and post-nasal douches with the modern germicidal solutions, while various astringent or disinfectant gargles and

sprays were used for the tonsillitis, but these gave only temporary relief. It was apparent that only the membranous surface was thus freed of its obnoxious discharges, and not the deeper submucous tissues and gland sacs which harbored (unwillingly) the germs that gave birth to these discharges, and it became self-evident that some more active method of treatment must be adopted.

In dental surgery, it is well known that an antiseptic solution having an alkaline base is the most effective for cleansing the mouth of putrefactive material arising from fermented food (starch particles in the substances adhering to the teeth), as well as that caused by the bacteria of dental caries, *leptothrix buccalis*, etc. This fact is explained on the chemical ground that the alkaline base combines readily with these various weak acids with which it comes in contact, thus breaking up the solution and liberating the oxygen or oxidizing agent upon which its disinfectant properties depend. In a word, such an alkaline agent dissolves the mucous secretions and weak acids which form in the mouth.

Were the foregoing all that is required of an antiseptic, nothing further would need to be said, but it is essential that the bacteria hidden more deeply within the walls of the gland sacs should be removed. Recognizing the force of the suggestion recently made by scientific investigation, i. e., that a true alkaline germicide dissolves the bacterial envelope instead of coagulating it as do the acids, and that if the specific gravity is favorable to low exosmotic action it will be absorbed into the surrounding tissues and gland sacs where the germs are hidden, it at once occurred to us that an alkaline agent of this character was just what was needed.

Being convinced that an alkaline antiseptic was strongly indicated in this case, the best of its kind, Glyco-Thymoline, being selected, was applied thoroughly once every day by myself and three or four times daily by the patient. A 25 per cent. watery solution (warm) of Glyco-Thymoline was made by me and applied in a fine spray to the post-nasal chamber by means of a hand atomizer. The nozzle was turned up at the end so that when introduced well back into the pharynx the spray was thrown upward direct into the post nares.

The patient herself soon learned to operate the post-nasal douche satisfactorily and was instructed to spray the parts in this manner twice daily, besides applying the solution (in the same strength) with the K. and O. douche. At the same time an ounce of 50 per cent. solution of Glyco Thymoline was gargled and used as a mouth wash three times daily for the purpose of hardening the flabby, congested tonsils.

The outcome of this simple plan of treatment soon made plain the fact that a germicidal agent was being employed in this case which possessed the alkaline and solvent properties already mentioned as being essential to success. The patient's general system had first been thoroughly purged of retained waste by way of kidneys and bowels,

after which the local treatment was adopted as above described. This latter procedure was not only effective, but the antiseptic proved very agreeable to the patient, who for the first time in several years experienced the sensation of possessing a clean sweet mouth.

The hypertrophied membrane itself grew almost normal in appearance, distinctness of speech and hearing was gradually restored; the breathing became natural, and at the end of three months we had accomplished a speedy and perfect cure.

#### THE DIET IN LESIONS OF THE HEART.\*

By R. L. Thomas, M. D., Cincinnati, O.

A VERY important factor in the management of heart lesions, either functional or organic, is the dietetic treatment. In fact I know of no other disease where failure attends the proper selection of remedies so often as in cardiac trouble, the cause being due to improper feeding. In functional derangements, the most carefully selected remedies fail to bring about the desired result, if the diet of the patient be improper or he be overfed, while in structural wrongs, we are defeated before we begin, if we neglect the diet.

If we bear in mind that nearly every functional disturbance of the heart, in perhaps fifty per cent. or more cases, can be traced directly to gastro-intestinal wrongs, we will all the more readily appreciate the significance of the dietetic treatment. Palpitation of the heart is so often the result of gastric derangements that old Dr. King used to tell his classes that he cured more cases of heart disease by curing dyspepsia, than in all other ways combined, and I am sure that every successful practitioner of medicine will agree with this statement.

Anders places gastro-intestinal and hepatic disorders as "easily as second" as a cause of brachycardia (slowness of the pulse.)

Arrhythmia, irregular heart and pulse beat, can be traced so often to wrongs of the stomach and bowels, that they should never be overlooked in the treatment of this unpleasant lesion.

Tachycardia, or rapid heart, is not frequently due to gastric disturbance and disappears with the removal of the cause.

In treating these neuroses of the heart, or functional disorders, one can accomplish very little with medicine, unless he puts his patient on a diet that can be readily digested and appropriated. The diet that is suitable for dyspeptics is the most frequently employed and will be varied to suit the individual case.

When we come to treat structural lesions we find the diet equally important, for every organic lesion is not only aggravated by wrongs of digestion, but the nutrition of the organ itself depends largely upon the diet furnished.

If we take the various valvular derangements, aortic, mitral, tricuspid, or any of the combined forms where two or more are involved, we

\* Read before the Ohio State Eclectic Medical Society.



find that the heart is able to do its work, owing to the compensatory changes that have gradually taken place, and that the case only becomes serious, when compensation fails. The object in the treatment is to maintain this stage of compensation, and while *Cactus*, *Cratægus*, *Digitalis*, etc., will prove beneficial, their good effects are largely neutralized, if we do not furnish a nutritious and easily digested food. The stomach, however, is not to be overburdened.

If we have hypertrophy to treat, the same conditions prevail, and to maintain this hypertrophy (we can seldom overcome it) at a uniform degree, our patient must be carefully nourished, with such food as will not overtax the digestive organs.

In dilatation and atrophy, our object is to build up heart tissue, and such food must be selected as will make good muscle.

In fatty degeneration or fatty overgrowth, a very rigid diet should be enforced and the carbohydrates almost entirely forbidden, and as little fluid allowed as the patient can get along with, from eight to twenty ounces per day.

In the case of the writer, an irregular heart of six years standing was overcome by dieting alone, with a consequent reduction in weight. In all cardiac affections, I would suggest careful attention to the diet. Each individual case must be studied and an appropriate diet list be furnished the patient.

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## SETON HOSPITAL REPORTS.

PROF. L. E. RUSSELL, SURGEON.

CASE 76.—Mr. M. has had two open sores on the zygomatic arch, extending from near the outer canthus of either eye for a space the size of a silver dollar. There is much impaction of the carcinomatous tissue, which has been bulging for about two years.

This mass of malignant and microbic tissue will now be curetted out freely, after which the patient will be given the full benefit of the x-ray for this lesion. In giving the x-ray treatment we shall start in with a few minutes' exposure every third day with the rheostat closed and light in the tube low; we shall be governed by conditions of re-action, etc.

CASE 77.—Mr. B., aged 45, injured on the Big Four Railroad, was brought to the hospital for surgical care. The patient was thrown from a freight train, and the heavy trucks ran over the left leg just above the ankle, making a compound comminuted fracture of both bones for a space of six inches.

The right leg gave evidence of injury in the space immediately behind the knee (popliteal), with a fracture of the fibula from middle to articulation with head of tibia.

The limbs were dressed before the class on the expectant plan, and for the purpose of allowing the injured man's friends to see him be-

fore radical surgical interference. On the fourth day following the injury we brought the patient before the class for examination, when the right leg, which showed little apparent injury, had developed gangrene, extending from toes to near the ankle joint.

The patient was placed under the impression of chloroform and a careful examination made, and the importance of immediate amputation fully decided upon; yet the line of demarkation had not developed. We reasoned from cause to effect and weighed well the case, and amputated through the condyles of the femur.

The house surgeon was now instructed to dissect out the artery from upper third to popliteal space, and he discovered a complete obstruction of the lumen with blood clot, and a crushing of the artery at its division.

Had the amputation been made below the point of selection it would have required an immediate re-amputation at the point selected. Again, had the apparently badly injured limb been amputated, we should have been forced to do a second amputation before the patient had fully reacted from the first, and might have met with defeat; while by delay nature has a second chance to act, and in default the leg can be amputated with better chances of recovery.

This case fully illustrates the wisdom of courts in cases of malpractice where the court rules that sometimes the very nature of the wound is such as to preclude the possibility of a successful recovery, or the injury such that no amount of surgical skill can prevent bad results; in which event the surgeon should not be held responsible for a faulty recovery. The surgeon's responsibility in a given case ending when he has been diligent, pains-taking, and has displayed that ordinary skill vouchsafed to the surgeon in the community where the accident happened and patient received surgical treatment. The court also will hold that the surgeon shall not be held to as strict an accounting as the surgical brother in a large city where accidents more frequently occur, and better advantages are had for securing the best aids to a successful recovery.

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## EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

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### ANISOMETROPIA.

Under the title, "Anisometropia," I propose to discuss not only a difference in degree of the same variety of ametropia in the two eyes, but also a difference in kind, to which the term antimetropia is more accurate.

The former, a difference in the amount of hypermetropia or of myopia, accompanied or not with the same variety of astigmatism, is more frequently met with than the latter, and does not present so many difficulties. In either case the problem is not to give the greatest

amount of visual acuity to each individual eye, but to secure the most comfortable and satisfactory associated use of the two eyes.

No hard and fast rules can be laid down for the treatment of this class of cases. The most difficulty was experienced at the working distance, and each case must be studied carefully and individually. Success will depend largely upon the skill, experience and judgment of the oculist.

Some general rules may be formulated, and certain definite propositions are always to be considered. All cases fall under one or other of the following classifications:

1. Where binocular vision exists.
2. Where one eye is used for distance and the other for near vision.
3. Where one eye only is always used.

The foregoing generalizations will be found applicable and suggestive in all the varied conditions which we meet in this class of cases. The kind and amount of use to which the eyes are subjected, and the amplitude and extent of accommodation, and the condition of the external muscles, will also influence our prescription.

In anisometropia with binocular vision the general rule is to correct as much of its refractive error as will give the most satisfactory use at the required distance.

The working distance should be chosen in accordance with the power of accommodation. This must necessarily be equal in each eye, hence the endeavor should be to give as clear a retinal image as practicable in the individual eyes at a given distance and with a definite amount of accommodation, selecting a suitable and comfortable working point. The capacity of the external muscles must also be considered, giving due regard to any existing heterophoria. To this end a judicious employment of prisms in combination with the correcting lenses is sometimes helpful.

It should be remembered that the better working eye is not always the one with most visual acuity, but usually the one with the least amount of refractive error, especially of astigmatism. I have found that I can, as a rule, correct the whole amount of astigmatism in each eye. I do this first, before the spherical correction. The direction of the axes of the lenses must occasionally be altered to give ease and comfort, even at the sacrifice of some distinctness of vision.

Cases occur in sensitive individuals with large variation in the amount of astigmatism, where only a portion of the error can be corrected in the poorer eye. This is more frequently the case in the correction of spherical aberration.

When considerable difference in refraction, either spherical or astigmatic, exists in the individual eyes, there may still be binocular vision. The patient from long experience has become accustomed to the dissimilar and somewhat blurred retinal images, and the more distinct and larger images resulting from complete correction of the refraction of each eye is confusing, and causes nervous and asthenopic symptoms which cannot be tolerated.

In hypermetropia it is not advisable usually to make a difference of more than one diopter in the strength of the lenses, although many individual peculiarities are met with.

In myopia, where there is a difference of two or three diopters and good vision in each eye, it may often be entirely corrected in young persons with good accommodation. After the age of thirty, however, the whole of the error in the more myopic eye can seldom be corrected.

As presbyopia develops, one may require a weak convex lens before one eye, and a weak concave lens before the other, and later the presbyopia may entirely neutralize the myopia in one eye, so that a plain and a convex lens may be prescribed.

In high degree of anisometropia binocular vision is impossible, and either one eye is used for distance and the other for near vision, or the more ametropic eye becomes amblyopic and perhaps strabismus develops. The treatment of such conditions will be discussed later.

Antimetropia presents many interesting and difficult problems which tax one's skill and ingenuity.

Where there is ametropia in one eye and binocular vision is retained, the hypermetropia, myopia or astigmatism of the other is to be corrected in whole or in part according to the suggestions already mentioned.

The object, as previously stated, is to give easy and comfortable associated use of the two eyes rather than to secure the greatest possible acuity of vision of each eye separately.

Where one eye is hypermetropic and the other myopic, the rule is to correct as much of the hypermetropia and as little of the myopia as possible, and as much as possible of the astigmatism in each eye. Where the vision of each is good one will usually be used for distance and the other for near work.

Sometimes we may secure binocular vision at the working point when we cannot for distance. Good results are at times secured by over-correction of the hypermetropia, producing a pseudo myopia equal to the real myopia of the fellow eye, thus producing distinct retinal impressions in each eye at a given distance without any, or with an equal amount of accommodative effort. This can only be an exceptional procedure when the myopia is not of too high a degree. Otherwise the resulting retinal images will vary too much in size to be harmoniously united. The accommodation also must not be too active to be readily held in abeyance.

Where one eye is presbyopic and the other myopic, it is sometimes possible, by a suitable convex lens, to make the near point of this eye coincide with the far point of the myopic eye, and thus to secure some measure of associated use of them.

Where binocular vision is lost, and the sight of the more ametropic eye is deficient, we should endeavor to improve it by suitable exercise, combined, perhaps, with persistent employment of a mydriatic in the better eye, and whenever possible, to restore binocular vision. As much of the ametropia as is practical is then to be corrected.

Sometimes binocular vision is lost without large difference between the refraction of the two eyes owing to muscular impairment or central defect. In the former case prisms or tenotomy may be helpful.

Where one eye only is used for all distances, there is obviously nothing to do but to give such correction to this eye as will secure its most efficient service.—E. H. LINNELL, M. D., in *Hom. Eye, Ear and Throat Journal*.

#### HARD CIDER AMBLYOPIA.

Amblyopia of toxic origin is of fairly common occurrence, and tobacco and alcoholic amblyopia are well recognized forms. In practice, however, it is sometimes extremely difficult to determine the toxic agent in the individual case, while the settlement of this question is of necessity an essential preliminary to proper treatment.

Patients will usually admit the excessive use of tobacco, and often confess to the abuse of alcoholic stimulants: often, however, for reasons of their own, facts are withheld. A medical student of my acquaintance—and a noted wag—was offered at a social gathering one evening a glass of wine, which he courteously declined. Upon being repeatedly urged by his host, he said with decision, "No, sir! Never! Please don't tempt me. For twelve long years not one drop of wine, brandy, gin, or beer in any form has passed my lips," adding in an aside as his host turned away, "I never drink anything but straight rye whiskey!" and he got what he wanted—without breaking his record.

In much the same spirit our patients will sometimes impose upon us; at other times the toxic agent may be simply overlooked, and as I have seen no mention, in any of the works on ophthalmology at hand, of hard cider as a source of amblyopia, I desire to draw attention to it as a possible cause in obscure cases.

In country districts many farmers and others keep a barrel or two of hard cider in their cellars. That systematic visits to the cellar until the barrel is empty can produce amblyopia needs no argument, for a dipperful of the stuff will "load" any ordinary man. That cases of amblyopia from this cause do occur can be proven from my own case records. Whether the amblyopia is a purely alcoholic one or due to other toxic agents in the cider remains to be determined. In cases which have come under my observation discontinuance of the practice has been followed by gradual but marked improvement in the visual power, even in the cases where the use of tobacco was not dropped.

Cider is considered by many a harmless beverage. The patient will not likely volunteer information on this point, but will deny the excessive use of intoxicants in good faith apparently, and until our text books point out this form of the malady more clearly, and until physicians realize that no examination of an amblyopic patient is complete without a careful inquiry into his habits and daily life, the essential facts in many of these cases will remain unrecognized.—Dr. MAC ARNEY in *Medical Council*.

## PERISCOPE.

## DISPENSING vs. PRESCRIBING.

There is a marked tendency at the present time towards returning to the methods which prevailed in the earlier history of medicine. The time was when the physician not only ministered to the bodily ill, but to the spiritual as well, and in the combined calling of leech and priest he became a power in the community for good or evil second to none.

The ancient physician, with his supposed power as alchemist, physician and priest, had the decided advantage over his professional descendant of to-day, for he practically had no quacks with whom he must compete, or if he had he could meet them on their own ground without any breach of ethics or loss of professional prestige; for his incantations and exorcisings against the Devil, or the quack, as his agent, were credited with having as great a potency as his decoctions, which were brewed in the full or the dark of the moon according as he wished to build or deplete his patient.

While it may not be desirable to advocate returning to the old methods to the extent of attempting to regulate the moral life of our patients, still we must recognize that the personal element of confidential relations between patient and physician which existed at that time must be closely maintained now if we would be fully successful in our ministrations. When the physician has gained the confidence of his patient he has made a great stride toward successful treatment. If the patient can be made to have the same confidence in the potency of the medicines another great stride in that direction is made.

This confidence in the purity and power of drugs is bound to be shaken by the modern methods of boycott and cut rates. And even if the patient is convinced by the extravagant advertisements of the druggist, and the claims that he does not practice substitution, and that the purity of his drugs is on a par with Cæsar's wife, beyond reproach, the physician is by no means so persuaded for he often has evidence to the contrary. Allow me to present a few instances of the latter from my personal experiences.

About three years ago I received a nitrometer from the East and being anxious to make a test of the apparatus with a known substance I sent to a neighboring drug store for some chemically pure nitrate of sodium. The package was promptly delivered to me, very beautifully wrapped and labelled " $\text{NaNO}_3$ , C. P." I at once made my test but found that my volumeter registered only 25 per cent. of the amount of nitric oxid which I had a right to expect. Fearing some error in my manipulation of the new apparatus I repeated the experiment with the result the same as in the first instance. It being Saturday afternoon the chemical supply houses were closed and I could not procure a reliable salt elsewhere, so I proceeded to make the test salt myself with sodium hydrate and nitric acid. With this article of my

own manufacture I repeated the test and my volumeter registered within  $\frac{1}{2}$  per cent of the anticipated amount. I have refrained from patronizing that drug store from that date.

I use considerable quantities of the sweet oil of almonds. At one of the large retail drug stores of this city, which is being advertised by boycott methods, I can buy an article bearing that label at fifty cents a pint retail while the wholesale house where I do most of my trading charges me from 80 to 85 cents a pint. The query naturally arises "what must be in the bottle from the store with the yellow label?" Surely not pure *Ol. Amygdalæ dul.*

Having occasion one evening while visiting a patient to use some of the oil, I sent a small boy to a neighboring drug store with an order for the pure oil. He returned with a bottle properly labeled but containing a heavy, sticky, cheap grade of salad oil. I sent the bottle back with instructions to send what I had ordered, and this time it was returned with the addition of a strong odor, the druggist having added a drop of the bitter (essential) oil of almonds. Then I went out and delivered to that druggist a free lecture on materia medica and other subjects. But the drug habit of substitution and adulteration is too well known to need further comment here.

The financial aspect of the problem is an equally interesting one, especially to those who are new in the profession and even to some who have grown bald and gray in the practice. Finances may be considered both in the direct profit from the medicines furnished and in the fact that it keeps the patient in more perfect communication with the doctor. When we write a prescription the patient takes it to our favorite druggist, or quite as likely to, some other doctor's favorite, and while he is waiting for the medicine to be compounded he is entertained by reading glowing testimonials of sure cure for consumption, quick pile relief and guaranteed corn eradicator, all for sale at cut rates. All this time he is being hypnotized into the belief that he has squandered the money he spent for advice, and the next time he is liable to patronize the drug merchant direct.

A still more common case is where one of the family has been slightly ill and has promptly recovered after using the medicine prescribed. Later on another member of the family or one of the neighbors is attacked, as they think in a similar manner. The prescription given in the first instance is taken to the druggist and refilled. Thus the doctor loses the fee to which he was entitled and the patient in all probability received a medicine not adapted to his particular ailment.

One more instance of the druggist's mischief and I am done with that portion of the subject. Some years ago a lady came into the drug store in Chicago, where I was filling prescriptions, and asked for something for a cough. My employer looked out through his "peep hole" and recognizing the lady as one of Dr. H's. patients turned to his prescription file and soon found a prescription which Dr. H. had written for this same patient. I refilled the old prescription for her,

and as the bottle was brought many times to be renewed I presume she thought it an unnecessary expense to consult Dr. H. when she could get the same medicine at the drugstore without any fee for advice. This same experience is liable to happen to any physician, as a druggist soon becomes familiar with the methods of any one whose prescriptions he frequently fills, and it is quite easy for him to counterfeit the doctor's peculiarities in dosing.

The confidential relations which exist between physician and patient are such that they can never properly be shared with a third person, and especially if the person who thus shares a portion of the confidence has only a financial interest in the case, as has the druggist. Many a patient timidly shrinks from taking to the druggist's clerk an order for medicine which in itself tells that which no one outside of the patient and his medical adviser has any right to know. The patient shows his confidence in the doctor in coming to him for advice and treatment, and this confidence may be easily increased by the knowledge that the doctor personally prepares or superintends the preparation of the medicine which he is to take. When the doctor supplies the patient with the necessary medicines there is more readily given the opportunity to suggest the financial part, which some patients are prone to neglect. When the medicine is used the patient has no means of obtaining more (which is a very important feature when habit creating remedies are required) without returning to the doctor. Thus the physician is kept more in touch with his patient and can make such changes in the medicines as may be indicated, or prevent the patient from becoming too much attached to some favorite sedative or stimulant.

But to the eclectic physician there is a greater reason why he should consider the advisability of compounding his own medicines as preferable to writing the prescription and leaving its filling to some one else. Eclectic medicines are, even in the larger cities, not so common on the druggists' shelves as those of the allopathic school, and if some murky fluid extract of indefinite composition is not substituted for the specific tincture the patient is at least compelled to wait an unreasonable and possibly a dangerous length of time until the druggist can procure the desired medicine from the wholesale house. But a still greater reason why eclectics should dispense rather than prescribe is based upon the fundamental facts which led to the establishment of eclecticism as a scientific and REGULAR school of medicine. In the early history of eclecticism our fathers of medicine protested against the rank heresy of the allopaths in departing from the ancient and natural methods of using every green herb and the fruit thereof, as a medicine for mankind, and indulging in the too promiscuous and careless use of mineral poisons. This protest brought about an effort to study the nature and effects of the fresh herb when administered either as a food or to correct morbid conditions of the system. And in so doing was proven the truth of a most ancient East Indian proverb:



"Help Nature and work on with her, and she will regard thee as one of her Creators, and will lay bare before thee the hidden treasures of her virgin bosom." Thus through the early eclectic practice of taking the fresh herb and properly preparing it, has been given to modern medicine the most complete, scientific and satisfactory materia medica the world has ever known. By proper preparation I do not mean that of the old timer who told his assistant to be careful in the scraping of slippery elm bark, "for if you scrape it down it will act as a physic and if you scrape it up it will act as an emetic, but if you scrape it both ways the Lord only knows how it will act." By personal manipulation of the crude drug the physician soon learned to detect its physical peculiarities, and to recognize any impurity that might be present. As that familiarity gradually grew, the separation of the active principles and rejection of the inert and deleterious portions of the crude drug naturally followed until now we have our elegant preparations of Specific Medicines, Normal Tinctures and Alkaloids. So in the future there will develop a more scientific treatment and accurate dosage if we will continue to personally prepare our medicinal potions. Chemical incompatibles will be recognized at a glance, partly precipitated and muddy mixtures will be less frequent, and we will not have so much need for the label "When taken to be well shaken." We will know if our specifics are fresh and will readily detect if they have in any wise deteriorated.

If a beginning is made in compounding mixtures of the elegant and easily handled eclectic pharmaceutical preparations, courage will soon be gained to experiment, cautiously and scientifically, with the many strange and valuable herbs with which our Western coast abounds, and to produce new remedies which shall be as far ahead of ours of the present time, as these of to-day are ahead of those of our grandfathers.

The boast of eclecticism is its materia medica, and the way to become familiar with materia medica is to handle the material.—*W. C. Bailey, M. D., in Cal. Med. Jour.*

#### PECULIARITIES OF CHILDHOOD IN DISEASE.

The recent graduate has not been thrown upon the cold world very long before he realizes that there is much to learn about the practice of medicine outside of his textbooks and typical hospital cases. He sees his cases in their own homes, surrounded by their individual circumstances, often hidden from his view. How often has the light been thrown upon a puzzling case by some clear headed outsider who sees much in the family life that may escape the physician, or be concealed, willingly or unconsciously. Among the hardest of his patients to treat are the children, for many reasons. In the first place, pediatrics has been compared to pediatrics in that the patient is unable to locate his trouble or explain his symptoms. Again an anxious paren

is generally thrown in to complicate the situation while in the little patient himself the disease is apt to vary in its symptoms. For this reason the treatment of children is difficult and exasperating, but it is vital to a physician's success. Success with the children means much to the future of any practitioner, no matter where he be.

Remember in the first place that much or all of the patient's illness may be due to a parent's lack of judgment or carelessness. I have little patients whom I dread to see ill because I realize their mothers, to use plain English, have no sense. I remember distinctly a recent case; a child fell ill with a simple attack of bronchitis while on a visit. I found the child each day growing paler and weaker, and for no reason until another member of the family told me that the anxious mother was up all night with the child talking to it, keeping the gas lit, and in every way unintentionally depriving the child of much needed rest. Here I was forced to make the mother pledge to keep the light unlit, and stay quietly in bed, and in two days the child, which had dragged along wearily for a week, was well.

Children are animals, and we must not try to make adults of them. Many fond parents or indiscreet grandparents imagine that children like the same pleasure that they do. How often are children dragged to the theatre who should stay at home. I have found every child under seven or eight as a rule really hates the theatre, and in my practice I try to keep them out of the places altogether. Seventeen to twenty is young enough to begin theatre-going. A good slide on a snowy hill, a brisk skate on a pond, or a fine game of hockey is far more enjoyed by the normal child.

If we physicians would only impress on our patients that during the first eight or ten years of child-life the amount of mental cultivation which a child's brain is capable of receiving with permanent advantage is much less than is commonly believed; for no greater physiological mistake is possible than that of attempting any considerable degree of such culture until the sufficient development of the physical stamina and moral faculties. The mind is as much a part of the body as the hand, and before either can function properly, its vital force must be fostered and maintained by nutrition and developed by physical exercise.

Madden says that the respective claims of physical and mental training, and the evils arising from the neglect or abuse of either, are obviously questions of the highest medical as well as social interest. This neglect now shows itself in two different aspects; on the one hand, the children of the English poor are compulsorily subjected at an absurdly early age to a forcing and injurious system of mental cultivation; while, on the other hand, uncommonly overtrained at the expense of the mental faculties. Of these errors the former is the most important, and to its operation is, he believes, largely ascribable the apparent diminution of physical stamina observable in too many of the youth of the present day, as compared with the physically more

robust, if intellectually less cultured, generation of the pre educational<sup>1</sup> period. At the present time a large part of the first ten years of life, which should be primarily devoted to physical and moral training, is given up to the development of the mental powers; the child, when a mere infant, being compelled to attend some school, where the immature brain is forced into abnormal and disastrous activity. On its return home, jaded in mind and body, to prepare for the next day's task, such a child is necessarily unfit for the enjoyment of the physical exercise which is essential for its bodily development and health, or for the still more important elementary training of the affections and moral faculties.—M. M'CROBY, M. D., in *Medical Times*.

#### JAILS AS BREEDERS OF DISEASE AND IMMORALITY.

That most of the jails, work-houses, and houses of detention throughout this country breed disease and crime is a statement beyond question. That such conditions exist as do exist in these institutions is a disgrace. It would seem that the lawyers would be particularly interested in bringing about the reforms so much needed along this line, but we are not aware that any effort in this direction worthy of the name has emanated from them. Thus far what has been accomplished has been through the laity, and especially the female portion of it. The chief object of jails, prisons, etc., is to prevent crime, while as a matter of fact they are, as at present managed, "schools in vice and crime." In most instances criminals of all classes and ages are thrown together, and to make a bad matter worse are kept in idleness in poorly lighted, badly ventilated, filthy, germ-infected quarters. Put a dozen young men of good morals in such company with such environment and keep them there in enforced idleness, and if they do not all become criminals it will be a wonder. The majority of these institutions do not provide female attendants for the female inmates—a most excellent condition this, if the eradication of all vestiges of modesty and decency from the unfortunate inmates is the object sought. A man is supposed to be innocent until he is proven guilty, and yet if the truth is told prisoners are frequently subjected to severe torture in the so-called "sweat-box" before they are called to trial. Why not the hot pincers, the rack and screw, the water chamber and other relics of barbarisms? Or if these be considered out of date or lacking in refinement of torture, perhaps a pendulum after the pattern of Poe with the rats and other accessories might do.

The enforced idleness of able bodied prisoners is an economic farce forced upon the people by the ignorant labor and socialist voter. But if it were nothing worse than this there would be less need than there is of the reform. The Prison Association of New York, speaking on this point (*Am. Medicine*, April 30, 1904,) says: "Here is an inert mass of humanity forcibly removed from society and manipulated like a stagnant pool in a corrupting miasma of inactivity, as if the only

object of such an institution were to breed the scum of civilization and to propagate it in the community. For it must not be forgotten that the most of these men in the course of six or nine months are going out of prison worse than when they went in." With such schools as this the wonder is that criminal assaults are so few. For it would be hard to imagine a training more conducive to bestiality than a prolonged period of enforced idleness and celibacy in a company of criminals. Concerning the conditions in Illinois, the secretary of the Board of State Commissioners of Public Charities says: "Gloomy, unsanitary, dingy, unhealthful, and cheerless, they strike not at the criminal instinct and mental disorder, but at the physical well-being of their victims. Many of the county jails of Illinois are positively bad, unfit even for temporary occupancy. They are built with the sole view to confine prisoners and prevent their escape. No thought of comfort, cleanliness, sanitation, exercise, encouragement, or education was taken into account. Very few of them afford any relief from constant and enforced idleness. There is no opportunity either for mental or physical development. Rarely do we find here any separate provision or facilities for the care of sick or insane prisoners. Oftentimes the buildings are extremely cold in winter and suffocating in summer. Little or no fire protection is afforded." All this in a country whose people not only boast of their standing among the civilized nations, but regard their brand of civilization to be of such a superior quality as to warrant them in thrusting it upon others, if needs be, by force of arms.

The writer is not one of those who would make jails, prisons, etc., desirable places of residence, and thus in a measure put a premium upon crime and misdemeanor, but he does believe in treating criminals with that justice and common sense which the present day knowledge and wisdom dictate, because in pursuing this course the community will be most efficiently protected against crime, which protection is the office of the institutions under discussion.

The attitude of a government toward criminals should be that of a wise and just parent to a child.—*Ft. Wayne Med. Jour.-Magazine.*

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#### UNTIDINESS OF PHYSICIANS.

Every now and then there comes a complaint to us concerning the untidiness of physicians in their treatment of patients. For instance, the doctor comes into the sick room; he has occasion to examine, manipulate or touch the patient in some way. Of course, if the examination is a very important one, he will generally call for a wash-bowl and towel, and in some degree make himself clean before the manipulation. But if his examination only requires touching or manipulating different parts of the body, he will frequently do so without washing himself before or after the manipulations.

Now, if a doctor goes into a sick room, and finds it necessary to

put his hands on the bare skin of the patient, or use any manipulation, and he fails to make himself clean before and after his treatment, the patient has a right to assume that he did the same thing with the last case he treated. The presumption is strongly in favor of such a supposition. Doctors are apt to grow careless about these things. In using hypodermic needles, and especially the clinical thermometer, a failure to cleanse his hands or the instruments should very justly excite the suspicion in the mind of the patient that he is going from house to house without the slightest precaution in these very essential details.

People do not like to be fumbled over by the doctor's hands unless they are quite sure he has washed them since he has done the same to some other patient. It is a very untidy practice, indeed. Many doctors are doubtless guilty of it, else we would not hear these complaints so frequently.

A lady was saying to us only the other day that she had occasion to go to the office of a very busy physician several times. Each time she found a good many patients waiting. She noticed the doctor went from patient to patient, and in no instance did he cleanse his hands. In one case he treated sore eyes; the next he had occasion to examine the lady's throat, and so from patient to patient he went, apparently not stopping to cleanse his hands or his instruments in the slightest degree.

Such a performance as this ought to make every professional blush. Talk about antiseptic surgery while such things are going on! One might as well expect aseptic surgery in a hog pen as to expect it in such a doctor's office.

Let us begin with our old-fashioned soap and water cleanliness. Let us see to it that we are clean first, and talk about microbes and that sort of thing afterwards. Even the osteopaths have not escaped this criticism. We have now a complaint against an osteopathic physician who is very untidy in this particular; he treats patient after patient without washing his hands.

Be clean, doctors, whatever else you do. Be clean! Let your patient know that you are clean. If you have an occasion to touch or manipulate a patient in the slightest particular call for a washbowl and towel. Cleanse your hands thoroughly before treating. Cleanse them again afterwards. This proves to the patient that you are in the habit of making yourself clean. The patient, especially the female contingent, will have a great deal more confidence in such a doctor. Be careful about these details. Never use an instrument without first cleansing it; afterwards cleansing it again. Do this, if possible, in the presence of the patient and attendants, so that every one may know your carefulness in these respects.

Some doctors are in the habit of dosing out powders. They open the bottle containing the powder, whip out their pen knife, stick it into the bottle, and potion out the powders. For what had the doctor

used this pen-knife last? No one knows. The patient ought to have had the benefit of seeing the doctor cleanse the knife before it was used for such a purpose.

Be scrupulously clean, doctor. It will pay you. Do everything in such a punctillious and precise way that the patient may feel assured that he is safe from contagion while under your care.

The most dangerous of all sources for the spread of contagious diseases is the doctor himself. There is no other plague spot that threatens the safety of the community equal to the careless doctor who goes from house to house treating and manipulating patient after patient. Such a doctor is worse than a cesspool or dirty alley. He is a veritable poison peddler.

Let us be clean first. It will then be time enough to sit down and talk over germ theories and germicides.

A clean doctor is a wholesome object lesson in every household. A careless, dirty doctor degrades every household he enters.—*Medical Talk.*

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#### Home Study for Children.

The action of the Washington authorities in forbidding study after school hours has provoked considerable discussion in educational circles, and the profession has been frequently appealed to for a decision regarding the justice of the above ruling. This is especially noticeable in Massachusetts, where the discussion has waxed warm and somewhat personal.

This subject is of great importance and the discussion upon it is timely and proper, for the fact is quite generally admitted that the ideal method of education as applied to young children is yet to be discovered, and that in very many cases marked and permanent injury has resulted from the methods now in vogue.

During the past generation conditions have changed and if reports can be credited, knowledge has been boiled down and classified, and is now more easily assimilated and much better retained. Yet at the same time the curriculum is much more extensive, the hours of study longer, and the courses of instruction more elaborate than ever before. This being the case, greater and more varied amounts of labor are placed upon the child during the earlier periods of its education when the subject is least able to sustain the burden. Physiologists are generally agreed that the ideal life of the child is a sort of vegetative one in which air, sunshine, and physical exercise play an important, and in fact an almost exclusive role, and where mental development is, in a degree, incidental and supplementary. But under existing rules and regulations three or four fifths of the working hours are passed in doors in mental and sedentary pursuits.

Some radical change is particularly desirable when we consider the present conditions and apparent demands of modern life. The child of the present day lives in a miniature social world of its own, which

grows larger from year to year. She has her parties, music and dancing lessons, and other evening entertainments which are considered real obligations that are to fit her for the serious social duties of life, but which at the same time sap her vitality, derange her nervous system, and render study a difficult and unwelcome task. Recognizing, therefore, the emphatic demands of society, there remains but a single alternative—to shorten the study hours, and with some little regard for the only proper foundation of future health and happiness, give the child a chance to grow.—*New England Med. Monthly.*

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#### Decapsulation of the Kidneys.

Elliott concluded an article on this subject in the June 4th number of the *N. Y. Med. Journal* with the following statements:

1. Chronic Bright's disease in its development constitutes a diseased condition of the entire system.

2. It is a disease of very gradual development, and in the great majority of cases has existed for months and years before the patient comes under observation.

3. It is produced by a chronic toxemia, either systematic or infective in origin, which produces coincidentally as a result widespread arterial and cardiac degenerative changes, which, being once established, are permanent, and which in their development eventually constitute the most threatening element of the disease.

4. General edema or anasarca in chronic renal disease is in many instances in great measure a cardiac dropsy, brought about by advancing myocardial degeneration. It is occasionally so in chronic parenchymatous nephritis, and almost invariably so in chronic interstitial nephritis.

5. It may be stated that, in like manner developing anuria and uremia in chronic nephritis may be largely cardiac in production, the functional inadequacy of the kidneys having its inception in the fall of blood pressure incident to circulatory failure.

6. In the later stages of chronic nephritis, of whatever character, the case is apt to take on these cardiac aspects, which virtually convert the therapeutic problem into a question of sustaining a failing heart.

7. Albuminuric retinitis must be looked upon as one of the terminal symptoms of chronic nephritis. The concordance of opinion places a limit of two years upon the prognosis after development of this complication. The statistics gathered by Suker of cases operated upon show that in place of prolonging this limit of expectancy, operation has a decidedly contrary effect.

8. It is to be borne in mind that chronic nephritis is a disease of slow and spasmodic development. It is well to realize its exacerbations and remissions, so as to avoid the error of mistaking remissions for cures.

9. The mere fact that the general condition of the patient improves somewhat after decapsulation does not establish the validity of the operation, for hygiene and rest will do the same for the patient to a remarkable degree in many cases. As the factors of hygiene and rest are associated with the surgical procedure, it is possible that the resulting benefit may, to some extent, accrue from these sources.

10. The results of experimentation demonstrate that, within a period of three months and a half after decapsulation, a new and in most cases a tougher fibrous envelope has taken the place of the original capsule. This fact may account for the many relapses and deaths after that period in cases operated upon, and in chronic cases, at least, it narrows the prospect of improvement to a period of months.

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#### OUT-DOOR LIFE FOR CONSUMPTIVES.

The many infallible cures for consumption which have been "discovered" during the past quarter of a century, have not only been disappointing, but all have been proved to be utter failures. A few years ago much was expected from the Koch treatment, but it also proved a failure. There is a fortune waiting for the man who finds a sure cure for consumption; but, judging the future by the past, the prospects of finding one are not flattering. There appears to be no cure for the disease, yet consumptives sometimes get well. Cicatrices have been found in the lungs of cadavers who at one time had ulcerative tuberculosis, but recovered, and afterwards died of some other disease.

Hereditary cases are particularly unpromising, as the inherited tendency develops at a critical time, no matter what is used or done to stop it. It is believed that the disease is due to a specific germ, and that well persons may take the disease by absorbing the germ from the air. But the children of consumptive parents die of the disease not from external infection, but because they inherit the disorder. Just how the fatal germ is transmitted in the act of fecundation, and then lies dormant for years, as it must do if the germ theory is true, is not explained.

Consumption is a disease of civilization, and is caused by crowding a dense population into close and unsanitary surroundings. Savages are not afflicted with the disease, but it soon follows the civilizing act. The only prophylactic or cure for the disease is an abundance of fresh air and an active, outdoor life. Even animals acquire the disease if taken from their native wilds and kept in close confinement.

An outdoor life in any country is healthier than house life. Yet climatic conditions are sometimes such that the extremes of weather prevent living out of doors much of the time. This is true of the entire eastern half of the continent where every kind of weather extreme prevails. There, also, is consumption the most prevalent; but west of the 100th meridian, upon the elevated plains, and in the high mountains of the arid west, the climate is more agreeable and favorable for out door living.



I have for years advised my consumptive patients, such as were able to go, to take a camping trip by wagon through some portion of the Southwest—by traveling leisurely and living out of doors, and the results of such a course have invariably been satisfactory. Such a life is not always a luxury, but it can be endured for a time if it must be, and even made attractive if properly managed. The sooner that such a course is pursued the better the results are apt to be.

Many sanitariums have been established in various places for the treatment of consumption, but the Government has been first to fully demonstrate what is necessary for the proper cure of consumptives. Oliver P. Newman in the late July Review of Reviews has an instructive article on the subject. The method used is on a line with that indicated above and the results have been highly satisfactory. The Government has two such sanitariums; one at Fort Bayard and the other at Fort Stanton. Both are in New Mexico in the arid region upon a high plateau of about 6,000 feet above sea level. What follows is condensed from the article.

The whole gist of the treatment employed for consumptives at Fort Stanton is to build up the general tone of the body to a point where the system, of its own account, will throw off the disease.

To accomplish this three things have been found to be of paramount importance. They are rest, outdoor life and wholesome food. "Outdoor life" probably means more at Fort Stanton than at any other sanitarium in the country, because there the patients are out of doors, in the actual open air, practically all the time. About half the patients sleep in tents, thereby getting as much and as pure air at night as they would if they were actually out of doors, sleeping on the ground with the naked stars above them. The remainder have beds in especially ventilated dormitories, which they are not permitted to occupy except when they are asleep. All patients are under the direct control of nurses, who are required to keep their charges out of doors in the day time, and the dormitory doors and windows stand open at night.

One of the greatest advantages in the treatment of consumption at Fort Stanton is the climate. The sun shines on an average of three hundred and forty days during the year, and on nearly every one of these days it is mild enough for the patients to sit out of doors. The winters are mild and the summers cool. The altitude is 6,150 feet, which, combined with the slight precipitation—from fourteen to seventeen inches, part of which is snow—produces an extremely dry atmosphere the year round. While the temperature on one or two occasions has gone over ninety in the summer, the heat is never enervating. There is invariably a cool breeze. It is always comfortable in the shade, and at least one blanket is necessary at night. All patients sleep well, and as sleep is a great tissue builder, the cool nights in the summer are almost as beneficial as the clear days throughout the year. In the winter the temperature at night is almost invariably at freezing or a little below, but the days are almost universally mild.

Half a dozen doctors, assisted by an equal number of trained male nurses, minister to the wants of the patients. Their duties consist chiefly of symptomatic medical treatment and an insistence on plenty of absolute rest, a regular supply of nutritious food, and an abundance of out door air and sunshine.

The group of buildings comprising the sanitarium lies on the south bank of a beautiful little stream in a grove of cottonwoods and willows. The verandas and broad stretches of green under the trees are furnished with invalid chairs, in which the patients lounge, sleep and read by day. Even in the winter they are required to sit out of doors, in the sun, in the lee of a building, bundled up in blankets. It is a common sight to see a group of half a dozen reclining chairs placed in two or three inches of snow, each containing a patient muffled from head to foot. Occasionally it is quite cold, even in the middle of the day, but that makes no difference. As long as it is clear the patient must remain out of doors.

Some reading, light games, and amusements are allowed but no patient is permitted to take recreation which requires much physical exertion. Experience has taught the sanitarium officials that too little exercise is less harmful than too much. A close watch is kept on them, at whatever work they are engaged, to prevent them from overtaxing their strength. Light work or exercise is found to be exceedingly beneficial. It breaks up adhesions and increases the breathing space in the lungs. All patients increase their chest expansion from one to three or four inches during the first month or two of their stay. The patients are also less liable to have hemorrhages after admission. In fact a majority of the patients who have had hemorrhages at sea level or in low altitudes cease having them after they go to Fort Stanton. This is contrary to the general belief that hemorrhages are increased by altitude and a decreased barometric pressure.

The experiment here instituted has thus far been highly successful, but it is yet in its infancy and requires more time to fully test it.

My observation has been that when a patient is benefited by such a change it is best to remain in the country where health was found, in order to keep it. Often after a patient recovers and returns home and to the old environment in the East, the disease is apt to re-appear with increased virulence and fatal results.—J. A. MUNK, M. D., in *Los Angeles Journal of Eclectic Medicine*.

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**BOILED MILK vs. FRESH MILK.**—When some five or ten years ago the germ theory came in like a flood upon us, it was decided that all milk to be fed to infants must be either pasteurized or sterilized. Pediatricists are now receding from this position, there being a wide and increasing impression based upon observation that a diet of milk that has been subjected to heat in this manner is liable to produce rickets, pot-belly, sweating, flabby muscles, craniotabes, and restlessness at night. Fresh, pure, raw cow's milk is once more in the ascendant as the best substitute for mother's milk.—*North Am. Jour. Homeopathy*.

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#### WHY IS THE MORTALITY IN PNEUMONIA INCREASING?

While we do not sanction the treatment of fifty years ago, in fact we are compelled to say it was bad, very bad, yet it was so much better than that used by our regular friends of to-day, and attended by a smaller death rate, that candor compels us to compare the two methods with their results.

The doctor of fifty years ago recognized, as the physician of to day should, that if he can lessen the congestion of the pulmonary vessels and over fullness of the right heart in the early stage of pneumonia, he can modify the fever, limit the exudate and suppuration of the second stage, and thus retain his vitality for the third stage.

The first thing the physician of fifty years ago did, when called to a case of pneumonia, was to open a vein and bleed, the blood being allowed to flow till the respiration became easier and deeper, and till the flush left the face. Not infrequently gentle perspiration followed. The amount of blood was not considered; it was the effect that was desired, and it might be ten or twenty ounces. To maintain the results thus accomplished, the patient was given antimony as a sedative and calomel as an evacuant. To quiet the pain and produce sleep, Dover's powder was given, and as an expectorant hydrochlorate of ammonia, antimony, potassium tartrate and morphia or some similar mixture was given.

When there was an extension of the disease a second venesection was resorted to or wet cups and leeches applied, followed by fomentations and the blister.

While this treatment was heroic and almost barbarous, it did lessen the engorgement and often modified the exudation in patients who possessed strong vitality. True it was depressing and devitalizing, and only the robust could stand the combination of a depressing disease and depressing treatment. The feeble succumbed and the mortality under this antiphlogistic and unpleasant medication was so large that it was vigorously fought by the early eclectics and homeopaths, till it was reluctantly dropped and a more humane but less efficient method took its place.

Aconite, veratrum, digitalis, strychnia and like remedies took the place of the lancet. These splendid remedies, however, were given in such large doses that the depression was even greater than that following venesection. Aconite was given in drop doses and veratrum in from one to three drops. Where the pulse was full and strong veratrum was useful even in this large dose, but since the physician too often failed to discriminate between excessive heart action and an enfeebled condition, the result was not satisfactory. Digitalis and strychnia were given in the second and third stages to support the heart.

Failing to appreciate these valuable remedies in small doses, they were abandoned. Venesection could not be revived, and the *injurious* use of the sedative having proved a failure, pneumonia was treated for a decade or more as an acute febrile disease with a high temperature range, and the reign of the coal tar products and hydrotherapy with the ice cradle and ice packs was ushered in. This treatment was even more disastrous than venesection and the use of sedatives. The antipyretics reduced the temperature but interfered with the process of oxidation, depressed the heart action, and the patient died from heart failure. Another line of treatment must be used, and the other extreme was adopted. The majority of the profession, losing sight of the fact that heart failure was due to the use of the coal tar products, came to the conclusion that the danger in pneumonia was not due to high temperature, but to a feeble heart, and cardiac tonics and stimulants now have the call. The regular doctor no longer thinks of controlling congestion in the early stage, and thus modify exudation, but his only care is the heart. Alcohol and strychnia are most frequently used, with digitalis and carbonate of ammonia thrown in for variety.

Whisky or brandy in half-ounce doses every two or three hours, combined or alternated with strychnia, are the remedies which are now getting in their deadly work. Alcohol and strychnia are antagonistic. Alcohol anesthetizes the respiratory, cerebro-spinal, and vasomotor functions, thus diminishing the function of each, while strychnia stimulates them all, thus antagonizing the other, with a tendency to produce sleep, which is followed by shallow respiration. As the patient becomes quiet and the cough is relieved, the remedies are credited with beneficial effects and are continued. Note the results. More alcohol is taken than is oxidized or eliminated, stupor or muttering delirium follows, the lungs become engorged or edematous, the urine and feces are discharged involuntarily, the extremities become cold and cyanotic, and the patient dies with an engorged lung and heart. So the regular treatment of fifty years ago, which though not good, has grown steadily worse; and though habits and environments must share some part in the responsibility in an increased mortality, by far the greatest factor is the treatment, which has grown less efficient with each passing decade, till the twentieth century witnesses

the awful and humiliating fact that the mortality of pneumonia is greater than at any time for the past century.

When our regular friends shall lay aside their prejudice to the new schools, and study the therapy of such remedies as aconite, veratrum, asclepias, lobelia, ipecac, bryonia, sanguinaria, and a few others, with the proper size of dose and the *specific indications* calling for each, then will the mortality begin to decline, and in the place of a death rate of from twenty-five to forty per cent., we will find it reduced to from three to five per cent.

R. L. T.

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### ACUTE RESPIRATORY DISEASES.

Coincident with the season comes the usual number of cases of acute bronchitis and similar respiratory invasions in little children—disorders which many are apt to dismiss by pronouncing them as ‘lung fever.’ At any rate there is sharp and high fever, great restlessness, diminished secretions, rapid and impeded respiration, more or less pain and considerable cough. Altogether the little one is miserable and should have prompt medical attention and the best of nursing. Sometimes we are inclined to believe, that in many cases, medicine might be dispensed with if we could only have good home nursing. And so it might be rather than much of the vigorous medication to which many of the innocents have been subjected to in times past. Of all the conditions in which specific medication has proved its value, in none has it been more pronounced than in the treatment of children’s disease. Fortunate it is, then, when the little one falls under the care of a specific medicationist, for he is treated mildly, does not have his system ravished by strong medicines, and usually gets well as promptly as the nature of the ailment will permit. It gives him a living chance. The remedies that may be employed are few and usually well indicated. They may be counted at about a dozen. Aconite, gelsemium, veratrum, rhus, lobelia, ammonium acetate, jaborandi, ipecac, asclepias, bryonia, belladonna, and hyoscyamus. Sometimes we have found it necessary to use other agents, particularly camphorated tincture of opium to control the laryngeal irritation, but as a rule a few selections from above named remedies will be all that is needed.

In a great majority of cases our attention will be attracted to the high fever and great restlessness: the pulse is rapid and small: great thirst is manifested and there is every evidence not only of marked inflammation but of irritation of all the mucous passages: Specific medication has established specific aconite as the remedy for such a state and we prescribe it with the confidence born of a knowledge of its action in the past. There are many who, acting upon the saying that ‘aconite is the child’s sedative,’ prescribe it in any and all inflammatory and febrile conditions of children. A careful study of the remedy clinically will show that it is not always a safe remedy: but when

sharply indicated, as shown above, we have never observed untoward effects from it. The dose should always be small. We seldom employ over three drops of specific aconite to four ounces of water, the dose of which is one teaspoonful every hour to two hours. In typhoid conditions it should be used with extreme caution, if at all.

Cases are frequent in which aconite is to be displaced by specific gelsemium, or both are indicated in the same case. The gelsemium patient has a bright eye with staring or brilliant expression; the skin is extremely hot, feels almost as if it would burn one to touch it; the patient is even more restless than the aconite patient, though there is less irritation of the mucous surfaces. The dose should be moderate lest vomiting be provoked—a condition we have observed many times, even before the nervous tension could be relieved or the patient relaxed.

Add specific gelsemium gtt. xv to xx to water  $\bar{3}$ iv. and give a teaspoonful every hour. If given when aconite is also indicated it is best to alternate the two.

Cases are not infrequent which are ushered in with pronounced sthenic symptoms—the full bounding corded pulse, and fever rapidly reaching a high point. No remedy equals specific veratrum here but it should not be recklessly employed. It too will provoke emesis if the dose be too large, and it is very apt to produce vomiting and collapse if not indicated. The conditions so plainly indicate it, however, that no mistake need be made.

R—Specific Veratrum gtt. v to water  $\bar{3}$ iv. Sig. One teaspoonful every hour.

The case in which marked restlessness, with twitching and starting, awake or asleep, is not an uncommon one. The tongue is characteristic, pointed at tip and resembles the strawberry tongue of scarlatina. The pulse has a sharp stroke and altogether the case is a nervous case. The remedy is clearly specific rhus, five drops of which are added to the sedative (aconite, veratrum or gelsemium as indicated), and a teaspoonful given every hour. We sometimes wonder if physicians appreciate the value of this remedy in conditions involving depression of the nervous system.

When the pulse is full and gives a doughy sensation to the finger and there are loose rales with inability to expectorate, specific lobelia will prove an excellent addition to the sedative mixture. Five drops are sufficient for this purpose.

Ammonium chloride serves a useful purpose when there are viscid secretions difficult to expectorate and there is evident weakness in the capillary circulation. Ten to 15 grains may be added to a half glass of water and a teaspoonful be given on the half hour between the doses of the sedative mixture. Solution of ammonium acetate, or spirit of mindererus serves a similar purpose.

Specific jaborandi is the remedy for sthenic conditions with scanty secretion. There is the short, dry cough with lack of expectoration,

dry hot skin and puffy appearance of the tissues. Twenty drops should be added to the sedative mixture.

One of the old and tried remedies for irritation and inflammation of the respiratory tract is specific ipecac. There is dyspnoea, hoarseness, and an irritative cough: the tongue is long and pointed with reddened tip and edges; there is a tendency to nausea, and there may be vomiting. These together with hypersecretion of mucous as shown by moist rales, indicate the small doses of ipecac. In rare cases it may be used in nauseant doses to increase expectoration. But by far it is more effective when employed in the minute doses for the first named conditions. Five drops of specific ipecac added to the sedative will be all that is needed.

A remedy particularly applicable to the bronchial area is the old fashioned, and we fear, often ignored specific *asclepias*. The pulse is usually strong and vibratile and the excitation is strong in the area supplied by the bronchial arterioles. It is particularly valuable early in the disease, and more especially if there be acute pain on motion either at the root of the lungs or in the pleural surfaces. A peculiar condition, long ago noted, is the tendency of the skin toward moisture even though the fever be but moderately high. Again it seems to act as well when the skin is dry and hot. The dose may be liberal. Add 3i to the sedative mixture.

While *bryonia* is a very valuable remedy in *plurisy* and *pneumonia* it is not of less importance in acute *bronchitis*. We doubt if many cases treated by Eclectic physicians get through without having *bryonia* at some stage of the disease. Aggravated by motion is true of *bryonia*. The cough is irritating, rasping, hacking, or explosive and attended with a sore or bruised feeling in the chest, as well as in other portions of the body. The skin is dry and sensitive, and while the patient suffers considerable pain there is a general apathy noticeable in his condition. Associated sharp, cutting, lancinating or bearing pain makes the indications clearer for *bryonia*, as do the flushed cheek and frontal headache, both of which are most generally confined to the right side. The cheek-flush is most pronounced in *pneumonia* and is not so often observed in the uncomplicated bronchial inflammations.

The stupid and somnolent patient, with marked dullness and bad capillary circulation demands specific *belladonna*. The countenance may be dusky, or in many cases pallid. The eyes are half shut in sleep, and the appearance of the patient is that of one who cares not whether he gets well or dies. The small stimulant dose is required. Add three to five drops to the sedative mixture.

Lastly there is the sleepless patient who is troubled with the dry, sharp, nervous cough: he is restless, frightens easily, has a flushed face and a dilated pupil. He is busy with a low muttering pleasant delirium, sings, is talkative, and has amusing hallucinations. Great restlessness, though apparently not that of suffering, and insomnia are the dominant symptoms. These are the cases for specific *hyoscyamus*

and the doses may range from one to five drops every hour until rest is assured.

Briefly these dozen remedies represent the drug treatment of most ordinary cases of acute bronchitis. Outward applications such as libradol, emetic powder, and particularly the cotton jacket serve a useful purpose. Ventilation should be good, visitors tabooed, quiet maintained and appropriate bathing resorted to. The very young should be moved occasionally so that they are not upon their backs at all times. The food should be liquid—milk broths, egg-nog sparingly, and ice cream. Water should be given in abundance. These remedies and suggestions should give a successful treatment. H. W. F.

### FADS AND FALLACIES.

People who are engaged in hugging a delusion are often indifferent to a truth that lies plainly before them, and dislike awfully to have their pet notions interfered with. The business of trying to change unreasonable opinions and false ideas is a trifle risky, and if nothing worse happens, there is apt to be something doing for the laundry man.

Fads and fallacies come and go, lasting for a shorter or longer time according as they are mixed with grains of truth, and depending somewhat on the ability of the man in the saddle.

It took a long time for the old Eclectic wrecking crew to demolish a time-honored and sacred fallacy that had been ridden for centuries by crack riders. In fact the animal had been in service so long that it had become sacred. But by and by the fetich tottered, and though sustained valiantly by its devotees, fell, and upon the pedestal was erected something of worth, because based on truth. Since then, as before, we have fad riders with us, and we are often asked to mount the steed and take a ride while our own trusted animal is turned out to die. And some of us are caught by the rich trappings and willingly swap our good horse for a plug.

It is strange how error wriggles itself into the minds of men; strange how strongly it entrenches itself; strange how stubbornly it resists attack.

Art by the old masters is often forgotten in the evanescent admiration for the gaudy productions of the bohemian. Dash and color appeal to the eye, especially of the inexperienced, and dazzled for a time, they stand enraptured by what they see, or think they see. All of this with reference to the alkaloidal fad which in recent years has led astray some who ought not to have forgotten, as it were, the paintings of the old masters of Eclecticism.

I have been cogitating a long time over this alkaloidal business and a few days ago I received a letter from a friend in which he says: "It seems to me as though the satisfactory practice of the Eclectic physicians, contrasted with the wanderings of outsiders, is being overlooked



by many of our younger people who seem to forget that the position they hold is due to the remedial agents and Eclectic principles of practice as established by nearly a hundred years of experimentation. Just why and how some of these thoughtless people fall into the hands of the faddists is possibly unexplainable, especially when the fad is nothing new whatever, either as regards the uses of a remedy or the remedy itself." I can only say in reply to this, that he who must adopt the fad of alkaloidism has never learned Eclectic therapeutics. Where the difficulty lies in this fact may be conjectural. Again he says: "A study of nux vomica and its alkaloids by a thoughtful physician will show to him both the fallacy and the wrong of attempting to replace nux vomica with either of these fragments broken out of nux vomica." And further on: "It rests with the leaders on the therapy side of the Eclectic school in Medicine to direct the rank and file to the danger of disturbing their practice by grasping at the fads introduced by parties who, to say the least, have no interest in either the evolution or the perpetuity of the school." And still further on this excellent letter says; "The Eclectic School in medicine successfully weathered the tablet fad which has about worn itself out with thoughtful physicians. It weathered the sugar-coated and gelatin-covered pill fad. The elixir fad likewise came and has gone. The nastiness of the fluid extracts is largely a thing of the past and we hear but little now of displacing Eclectic remedies with these inferior products." And lastly he says: "The alkaloidal fad is curious in that it presents nothing new in either the form of medication, the substance itself, or the method of administering the same. The whole business is old, and very old; has been tried and in legitimate medicine occupies the minor position it has earned during a hundred years of experimentation; and I take it, the younger members of the Eclectic school will not be permitted to be misled in a direction that must be disastrous to themselves and a distress to their patients." These quotations are every word true.

There are defects in our therapeutics, but there is a worth in Eclectic remedies, and a beauty in the philosophy of Specific Medication not possessed by other methods, and as a life saver there can be at the present day no comparison. The man who knows his remedies will not swap horses. The one who hasn't learned enough about them, to avoid already exploded fads ought to "get busy."

It is well to give ear to every new comer in the field of medicine, but one should scrutinize closely an applicant for our favor. It will not hurt to turn a good thing out to pasture while we see what it looks like. It is certainly very discouraging to try to show off before an audience on a balky horse. Did you ever try to ride one? If you have not, don't, for you will be sorry.

This alkaloidal fad under consideration was born about half a century ago. It died in infancy. It reincarnated only a few years ago and has been in the incubator since. Its infantile wails have attracted

the attention of a few who would be foster parents; but we believe that he who has good, healthy and lusty offspring of his own, is not hankering after the weason-faced progeny of others.

No sensible man would believe for a moment that a one legged boy is equal to a robust father to do things; neither can a fragment of a drug do what the entire drug will do.

A. F. S.

#### CERTAINTY IN PRESCRIBING.

Our attention has been forcibly and unpleasantly drawn to this subject very recently by reason of attempts to relieve several cases of chronic cystitis. They were those nasty, obstinate cases, attended with enlarged prostate—cases in which the unfortunate sufferers are doomed to the use of the catheter for the remainder of their days. All of us who have practiced for any length of time have certainly had some unpleasant experiences with these cases; they are oftentimes a bugbear to the physician and a nuisance to themselves. It is at least a very unpleasant companion for the unfortunate sufferer. In these cases we are often tempted and do run through the entire list of diuretics, and frequently use this or that one's favorite formula or mixture, in a vain hunt for something to give our patient relief. This is an error and a grave one. Experiences of this kind only serve to impress us more strongly that there is but one certain method of prescribing, and that is by seeking the remedy to suit the salient or more prominent symptoms—not prescribing for the name. We call it "specific medication;" you may call it what you please.

Failure and indifferent results have always been our lot just as soon as we floundered about with uncertain methods. It will always be so when we attempt to fit the disease to some favorite prescription in hand, or recommended for the disease. There is neither method, science nor certainty in such a system. Study your cases well, note the salient points to be relieved, then select the remedy demanded; you will relieve the patient and satisfy yourself.

We have just said the uselessness of such haphazard methods was well illustrated to our discomfort and chagrin in one of those intractable cases of chronic cystitis. We did not try any one's favorite formulæ; these had been used before we saw the case. The case was a severe one of several years' standing, and had run the list of physicians and patents. There was an enlarged prostate and a failure to empty the bladder on urination; vesical tenesmus; smarting and burning the entire length of the urethra. The straining when urinating had caused hemorrhoids and at times prolapse of the rectum; the pain in the rectum being nearly as severe as in the urethra. Abundance of mucus, and at times some blood was passed.

Naturally we thought here was our case for thuja, but it failed us. Hydrangea, cannabis, saw palmetto, and triticus were tried, but to no purpose. Analyzing our case carefully again, and looking over

the ground for our error, we tried that which we should have tried at first, and which brought relief. It was thus: smarting and burning along the entire course of the urethra in voiding urine, rhus tox. Why not? If we have sharp, burning, cutting pains in the head or any part of the body we give rhus. If we have a skin eruption attended with burning pain, such as erysipelas, we give rhus. This combined with eryngium, the indications for which are, irritation and burning in the bladder and urethra with frequent desire to urinate, gave relief.

Now why our failure? We did not analyze our case as carefully as we should have done. Prof. J. M. Souder used to tell the classes that doctors were rather dull and could never think of two things at once, and would assure us that if we would analyze our cases carefully and properly, we would find that our remedies and methods of prescribing were just as sure and specific in chronic ailments as in acute. We fully believe this, and time and experience only confirm our belief. It is in this class of cases we are apt to go astray, and revert to our haphazard methods of prescribing; using some one's favorite mixture for the disease in hand, and quite forgetting that chronic affections, even bearing the same name, differ in symptoms fully as much as do acute. Before prescribing for these cases we should ask ourselves: Does this condition call for the remedy about to be prescribed? What are the salient or prominent symptoms to be relieved, and what remedy or remedies do they call for? Only when we habituate ourselves to thus analyze our cases do we have any certainty in therapeutics. Let us not only study diagnosis from a nosological standpoint, but from a therapeutical standpoint as well. We believe the latter will make us more successful in practice. We do not stand in need of new remedies; the materia medica contains an abundance of them, if we only knew how to apply them with intelligence.

W. N. M.

#### HYPEREXTENSION.

This might be defined as expanding beyond the normal, and might apply to things physical, but is more applicable to the mental. Why this characteristic of the *genus homo* should be so marked is a mystery. It is heard not only in the social, religious, and business world, but also in the professional world, extending into the realm of that branch of learning which should be characterized by conservatism, that is medicine. As an illustration: A conversation was overheard, and not intentionally, as the speaker talked loud enough to attract the attention of every one in a crowded, rapidly moving street car. He said he had treated over ten thousand cases of tubercular laryngitis—hyperextension.

The laity hearing such an assertion might believe it, and it would probably appeal to them as a recommendation, and such was probably the intention of the speaker. The person who knows the average number of cases of this disease seen by physicians would think such a statement but little less than a "howling farce."

A physician in general practice told the writer he had removed seven polypi from the nose with a snare, and did not use any illumination, and was also unable to determine their presence, but was sure they were there, and he had no difficulty whatever. Another case of hyperextension,

The average physician will talk unreservedly of his uniform success in treating diseases which under the most favorable circumstances will have a large mortality, yet to hear such a man talk, he has never lost a case—hyperextension. Another will, without the least embarrassment, tell of curing chronic diseases of years' standing in four or six weeks, and never a flicker of the eyelids—hyperextension.

I have known physicians who would tell of taking care of 160 office cases, then see from 50 to 60 out cases, and then make a drive of 20 miles to "see three other cases," and all between the hours of 7 o'clock A. M. and 9 o'clock P. M., and would clinch their hyperextension by offering to show their books. Another told, with all due seriousness, of his first six months in practice. He was located in a city of 150 inhabitants, and there were two other doctors in the place. Within a radius of six miles were three villages of from 20,000 to 45,000 inhabitants. During those six months he attended 55 cases of confinement, kind not stated, and had booked \$6,000. Whether he had set up nights booking this amount was not revealed.

It is to be regretted that any one should allow the dome of thought to be so overburdened with care and myopia as to tell such things for facts. Those who are conversant with the time necessary to look over and prescribe intelligently for a patient, simply smile at such statements, but by the uninitiated they may be absorbed. A physician who had been out of college about two years once remarked that he thought all doctors were liars. When asked for an explanation, the hyperextension of business done was given as the reason.

There seems to be some justice in the comment. With the possible exception of the lawyer, who on account of his profession is excusable, there is probably no class of people so much given to exaggeration regarding their business as the medical profession. Why is this? It is a difficult question to answer. The physician has to maintain a certain amount of style and appearance of prosperity whether or no, and this probably has an influence. Another reason, and an important one, is that he does not wish any of his classmates to think they are doing better than he; so pride enters as a factor.

These two reasons, combined with the natural proclivity to "brag," probably constitute the mental aberration of hyperextension. K. O. F.

**MODERN SURGERY.**

The progress surgery has made in recent years is a familiar story. Its field of usefulness has been greatly extended, and by improvement in technique it is scoring constantly increasing triumphs. It seems probable that ere long the prejudice which exists in the minds of the laity, and of many physicians as well, against surgical operations, will be greatly modified. Up to the present time, however, there is a very general disposition to deprecate anything like zeal or enthusiasm on the part of the surgeon. He is regarded as callous, if not actually cruel. He is stigmatized as a butcher, only tolerated in such extreme cases that any layman can see that his aid is indispensable. In many districts it is customary to avoid calling a doctor who, as they phrase it, "likes to cut and slash." Some doctors take advantage of this prejudice and encourage it, willing to gain in favor by the contrast they present as individuals of more kindly and humane feelings. If in any case recovery follows after surgery has been advised and rejected, much is made of it, and the fact is heralded far and wide. The many cases which under the same circumstances die, are buried with little comment and quickly pass out of the public mind.

There are many reasons which make it desirable that a more hospitable attitude should be maintained toward the surgeon. Perhaps the most important is that the injurious and often fatal delays before he is called into the case would be less common. Every surgeon is frequently depressed by regret that the time is past when his task might have been easy and the result sure. At least when allowed to assume the responsibility the chances are desperate and the prospects forbidding.

But this, though serious, is by no means the only reason for desiring a change in public sentiment. Many lives are sacrificed every year by a strictly medical treatment of surgical diseases. Time was when this charge could have been fairly made against our homeopathic brethren, but they have got bravely over it, and have already made amends by special efforts which have placed the school on a par with the best in surgery.

The eclectics, by the superiority of their therapeutics and *materia medica*, have been tempted to rely exclusively upon this advantage, and have accordingly felt less necessity for other resources. A few of our older men still maintain a jealous attitude toward modern innovations, bravely disputing the conclusions of science after they have been fully established. Nothing, however, really menaces our progress. Young men of really brilliant attainments are coming on the stage, fully equipped and ready to supplement specific medicine with equally specific surgery.

W. B. C.

### A NEW (?) TREATMENT FOR TYPHOID FEVER.

The New York Medical Record, Oct. 15th, 1904, gives considerable space to an article on "The Specific Treatment of Typhoid Fever," by Dr. Jas. M. Hackett. This new and specific treatment consists in the administration of mercury in the form of blue mass and calomel. To call this "new" must make the shades of Paracelsus howl in protest. Why, in the days of old Rameses that treatment had paresis. The plan of treatment is as follows:

"One or two grains of blue mass are given every three hours until the constitutional symptoms of mercurial saturation, such as soreness of the gums, are noted. An initial dose of ten or fifteen grains of calomel is also given, followed in a couple of hours by a Seidlitz powder or two drachms of Rochelle salts, unless hemorrhage or grave diarrhea is present."

How pleasant this must be for the patient, who will probably be about as miserable as he can be, and by the time the "gums are touched," will be pretty well touched all over. This measure will possibly reveal to the patient that the undertaker is hovering in the not very dim perspective. In this specific treatment it is also suggested that if constipation is the rule during the progress of the disease, five grains of calomel may be given once a day. More calomel! Saints preserve us! what a multitude of sins mercury will have to confront in the final adjustment. "Whether the bowels are constipated or loose, an alkaline cathartic is to be given every morning during the course of the fever unless hemorrhage or some other complication contradicts its use." Or in other words, soak the cathartics into your patient whether he needs them or not. Away with intestinal antisepsis. Why have you remained so long? Do you not perceive that you are no longer fashionable? Can you not see that the new specific, calomel, has rendered you *de trop*?

But in addition to calomel and salts we have another remedy "new" in the treatment of typhoid fever, for the writer goes on to say that "opium should be given in one form or another in sufficient amount to insure good rest both night and day." And surely after such heroic dosing with mercury the patient would feel like he wanted opium and plenty of it. The testimony that opium can be used in typhoid fever is corroborated by the thousands of little green mounds that dot the cemeteries of this broad land.

After recommending that the diet should consist of milk, water and gruel, he strongly urges watermelon, because he believes this fruit "fills a long-felt want." There is no doubt but that the colored population would strongly indorse this last suggestion. It seems strange that a journal so widely known and circulated as the Record would give so much space and attention to this marked example of atavism. Dr. Hackett's specific treatment for typhoid fever is the most destructive that we have seen since the old days when the Fathers of Eclectic

ticism took up the cudgel against harsh and drastic medication. Those who have been strenuously advocating that, as the "old school" had abandoned their crude methods of treatment and had accepted and admitted the principles of Eclecticism, the Eclectic school might as well disband, will receive a rude jar to their feelings when they read Dr. Hackett's article. It is still evident that the Eclectic school has yet much work to do, and that the time for disbanding has not arrived.

L. W.

#### DEATH OF DR. WILLIAM K. FOLTZ.

We regret to announce the death of William Kean Foltz, M. D., of Akron, Ohio, on November 9th last. Dr. Foltz graduated from the Eclectic College of Medicine in 1859 and actively engaged in the practice of medicine for over fifty years. He was an active member of the Ohio Society for over twenty years, and seldom missed a meeting until within the past three or four years. He was one of the most prominent and best known of the Eclectics in North-eastern Ohio. Dr. Foltz leaves a widow and one son, Prof. Kent O. Foltz of Cincinnati.

#### IMMORTALITY.

Our friend William Colby Cooper, M. D., of Cleves, Ohio, for many years Editor of the Medical Gleaner, has just published another small book entitled "Immortality." It is 8vo in size, comprising 173 pages and will sell for \$1.00 in cloth. Most of our readers are familiar with Dr. Cooper's works, and in all probability possess his little book entitled "Tethered Truants," and will be glad to secure this new work. It will make a very acceptable Christmas present. It can be obtained from Dr. Cooper direct, or through the office of this Journal.

#### SETON HOSPITAL.

The surgical clinics at the Seton Hospital this fall have been quite numerous and unusually interesting, but we want to remind our readers that we are always ready for more cases. All cases brought before the class are operated upon free of charge, and there is no expense excepting for the Hospital room. Clinical cases are usually operated upon on Wednesday and Saturday mornings, but other hours can be arranged for. For further particulars address Dr. J. K. Scudder, 1009 Plum St., Cincinnati, Ohio.

#### CLUBBING RATES.

During December and January we offer the following special rates in connection with our subscription: **ELECTIC MEDICAL JOURNAL**, \$2.00 a year; three years for \$5.00. When you are renewing your subscription, we will send the Journal to any of your medical friends at a special rate of one dollar.

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## BOOK NOTICES.

**VON BERGMANN'S SURGERY.** A System of Practical Surgery. By Drs. E. von Bergmann and others. Edited by W. T. Bull, M. D. Now ready, in five imperial octavo volumes, containing 4220 pages, 1976 engravings, and 102 full-page plates. Sold by subscription only. Per volume, cloth, \$6; leather, \$7 net. Lea Brothers & Co., publishers. Philadelphia.

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Vol. II.—820 pages, 321 engravings and 24 plates. Malformations, Injuries and Diseases of the Neck, Larynx, Trachea, Mammary Gland, Vertebral Column, the Thyroid Gland, Throat and Spinal Cord, etc.

Vol. III. 918 pages, 595 engravings, 21 plates with full description of lesions of the extremities.

Vol. IV. 757 pages, 345 engraving and 16 plates. Malformations, Injuries and Diseases of the Alimentary Tract, etc.

Vol. V.—789 pages, 354 engravings and 23 plates. Surgery of the

**Pelvis and Genito-Urinary Organs.** This system of surgery receives my unqualified endorsement and commendation to every physician and surgeon of our school of medicine.

L. E. E.

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**DISEASES OF THE INTESTINES AND PERITONEUM.** By Dr. H. Nothnagel. Edited, with additions, by H. D. Rolleston, M.D. Octavo, 1032 pages, illustrated. Philadelphia, W. B. Saunders, & Co. Cloth, \$5.00 net.

This is the 8th Vol. of the series of Nothnagel's Practice, and sustains the high character of the preceding volumes. The lesions of the intestines and peritoneum are treated with a cleverness and thoroughness, characteristic of the noted author. There is very much, that is new in this volume which adds to its great worth; the neuroses of the intestines being especially interesting. The English speaking physicians are peculiarly fortunate in having an American Edition of this German work. The work is thorough, up to date, clean, precise, and possesses great intrinsic worth.

R. L. T.

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**A HAND BOOK OF SURGERY.** By Frederic R. Griffith, M. D. 12mo, 579 pages, 417 illustrations. Philadelphia, W. B. Saunders & Co. Flexible leather, \$2.00 net.

We have seen many small books that purport to cover the ground upon topics treated, but never before have we found one of less than 600 pages to fully though briefly cover the ground of surgery—including such specialties as Diseases of Eye, Ear, Nose and Throat, Diseases of Women, Genito-Urinary Diseases, besides several articles on medico-legal subjects. Masterly condensation is the key to the mystery. It is a veritable index to surgery, and he who consults it will find at a glance the salient points in diagnosis and treatment according to up to date methods.

H. W. F.

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**A TEXT-BOOK OF MATERIA MEDICA:** By Robert A. Hatcher, Ph. G., M. D., and Torald Sollmann, M. D. 12mo, 400 pages, illustrated. Philadelphia, W. B. Saunders & Co. Flexible leather, \$2.00 net.

The object of this well-prepared volume is to popularize the laboratory method of studying organic materia medica. This objective method, it is believed, will do much to dispel that dryness which has long been associated with the teaching of scientific subjects by means of didactic lectures. In a convenient compass are given the gross, microscopic and chemic study of vegetable drugs and the method pursued has long been successful in the hands of the authors. Part I. comprises a guide to the study of official and unofficial drugs. The histologic characters are pointedly considered in part II. while part III. is devoted to concise directions for pharmacological investigations. The book is out of the ordinary in that it treats practically upon virgin grounds, and will be particularly valuable to the student of pharmacy and not without value to the student of medicine.

H. W. F.

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It has been brought to our attention through numerous reports that Libradol is a quick reliever of bites and stings of insects, and we ourselves witnessed in two instances its marvelous power in the instantaneous relief of the pain of bee stings. In this connection, the following letter from Dr. Albert Sayler will prove of value, to physicians who may be confronted with a painful sting or insect bite.

"About the middle of October, 1903, immediately after the fall, or aster flow of honey, in closing up for winter the bee hives of my apiary, I was stung on my hands and wrists, at least fifty times, and most likely, seventy-five times.

"I applied Lloyd's Libradol once, during my closing up bee work, and twice afterwards. The swelling stopped at once, as if by magic, with scarcely any after-puffiness, disagreeableness, or discomfort.

"About a week ago, working without my bee veil, one little net-tlesome rascal dabbed me on the nose, and while the pain was yet severe, I ran for my box of Lloyd's Libradol, and applied the remedy, thinking to note from time to time its effect. But just like a small boy, I forgot all about the sting for at least three days.

"Nothing else as yet developed compares with Libradol for dulling the pain and reducing the swelling of bee stings."

Respectfully,

ALBERT SAYLER, M. D.,  
New Palestine, Clermont Co., Ohio.

In this connection it is well to bear in mind that Libradol need not be plastered thickly where a large surface is involved, but that a thinly spread tissue is satisfactory, or it may even be rubbed on the skin with the finger. Please bear in mind that Libradol instantly relieves itching of a surface, and is especially applicable to chronic itching of the anus.

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June 1, 1904.

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This is the choicest of all preparations of Echinacea, and has the following history: In 1887 we introduced Echinacea in the form of a tincture. We did this years before any other pharmacist knew of the drug.

As does all percolates of this drug, and all colored preparations of it, the tincture contains impurities which disturb its action and lessen its value. This we early discovered, for crude Echinacea root is a very impure drug. It contains much plant dirt, much sugar, much glucose, much inert coloring matter. These go into ordinary preparations of Echinacea. In surgical cases such impurities of Echinacea may be serious. Coloring matters, organic ferments, and glucose are inadmissible. No colored preparation of Echinacea should be applied to a wound or used internally.

We experimented to overcome these imperfections, and finally discovered how to do so. This was accomplished years ago. The perfected preparation we named Echafolta.

Echafolta is the only perfect representative of Echinacea. It is the preparation that broadly established the value of Echinacea. This we can say by authority, for we introduced both Echinacea and Echafolta, and on our preparations the value of this drug was established.

Whoever has a bottle of Echafolta may accept that whatever is possible of any preparation of the drug Echinacea is at his command.

Echafolta contains no water, no glucose, no sugar, no tannates, no inorganic salts, no albumen, no gum, no coloring matters, no organic germs or organic ferments. Echafolta is clean, but yet is complex. It is a complete representative of the drug Echinacea carrying its full drug value.

The uses and dose of Echafolta are given in full on each label. It is a marvelous remedy—the most popular of all remedies in diseases that involve blood depravation. It is a corrector of blood dyscrasia, non-poisonous, and has advantages over all other medicaments for this purpose. Its field of usefulness is already great, and yet, is not fully developed. To all this the medical profession attests. Physicians using Echafolta commend it to their professional friends who in turn praise it to others. Thus the reputation of this choice remedy, now the standard for sepsis, was established before the crude drug from which it is made was known to commerce.

In our recent pamphlet on Libradol, a remedy that relieves pain by local application, mention is made of Echafolta. This brings to us a great number of inquiring letters, inasmuch as the field of Echafolta is one of the most important confronting physicians. In response to these requests the present treatise is prepared, the object being to extend information concerning Echafolta and its uses. Let us repeat that we make no family medicines, secret mixtures, or self-cures for the people, our preparations being prescribed by physicians and obtained through their druggists. To plant preparations, our specialty, we have for years devoted persistent study, and our products are representative. Let us hope that Echafolta, a remedy as invaluable in its field as is Libradol in its own, may prove as useful to physicians who are now unacquainted with that preparation as is Libradol to those using that effective remedy for pain.

Echafolta is carried in stock by every jobbing druggist in America. It is to be obtained in original vials at the following prices: Four ounce, 55 cents; eight ounce, \$1.00; sixteen ounce, \$2.00. Should the remedy not be at command of a physician desiring it, we will mail a four-ounce bottle on receipt of 77 cents. As has been said, each bottle is accompanied by detail and doses.

LLOYD BROTHERS, CINCINNATI, OHIO.

A TEXT-BOOK OF DISEASES OF WOMEN. By C. B. Penrose, M. D. Octavo, 539 pages, with 221 illustrations. Philadelphia, W. B. Saunders & Co. Cloth, \$3.75 net.

The fifth edition of this excellent text-book has just been given a careful review, and we can say that it is one of the best small books on the subject. The work is not encumbered with the facts of anatomy which may be found in the general text-books upon that subject. One plan only of treatment in most instances is described for each disease, and this is commendable as it avoids confusing the reader. It is a good reference book for the physician and to the student or beginner it is of inestimable value. It is liberally interspersed with original illustrations, and the press work is up to the standard of the Saunders firm.

D. M. U.

QUIZ COMPEND—MEDICAL LATIN. By W. T. St. Clair. Second Edition, Revised. P. Blakiston's Son & Co., Philadelphia. Cloth, \$1.00

After a careful examination of this work, I find it presents to the medical student a sufficient knowledge of the Latin Grammar in condensed form. In the arrangement of vocabularies and introduction of new words the progress is gradual, so that lesson by lesson, the use, meaning and formation of many medical words is readily acquired. The declensions and conjugations are nicely arranged. It excels in the style and quantity of prescriptions given for practice. The table of abbreviations is a feature par excellence, and not found in many works. Ample vocabulary at the close renders this Compend of ready value to the busy student. "Multum in parvo" can be truly said of this book, and no student can fail to master it in the least time.

C. H. D.

A REFERENCE HANDBOOK of the Medical Sciences, embracing the entire range of Scientific and Practical Medicine and allied Sciences. By various Writers. Edited by Albert H. Buck, M. D., N. Y. City, Vol. VIII. New York: Wm. Wood & Co. Subscription only. Cloth, \$7.00.

This volume completes the new edition of the Reference Handbook. Vol. VIII is characterized by the same high order of articles that has been found in the seven volumes that have preceded it. This really great work covers not only the medical sciences, but allied science as well, and the physician finds a fund of knowledge to draw from that he can secure in no other one publication. Each contributor shows a thoroughness that can only be secured by a master in his particular field. The one article on Venesection in this last volume is worth the price of the volume, and in this day when so much is being written both for and against venesection, it will be found of special value. An Appendix brings up to date the very latest advance on every prominent subject. The physician cannot afford to be without this great work.

R. L. T.

**HAND-BOOK OF THE ANATOMY AND DISEASES OF THE EYE AND EAR.** For Students and Practitioners. By D. B. St. John Roosa, M. D., and A. E. Davis, M. D. 300 pages, 12mo, cloth, \$1.00 net. F. A. Davis, publisher, Philadelphia.

In this little volume will be found the essential details for a quick and ready comprehension of the common diseases of these organs. Diseases and operations which properly come under the domain of the specialist are mentioned in brief, simply an outline of methods being mentioned.

The authors are well and favorably known, having both a national and international reputation in their line of work. For a work of this character it can be recommended, as it is really a manual.

The absence of plates or illustrations is the most serious criticism that can be made. The value of illustrations is too well known to need comment.

K. O. F.

**DISEASES OF THE NOSE, THROAT AND EAR.** By S. S. Bishop, M. D. Revised, re-arranged, and enlarged. Illustrated with 94 colored lithographs and 230 additional illustrations. 564 pages octavo. Cloth, \$4.00 net. F. A. Davis Co., publishers, Philadelphia.

Quite a number of important additions have been made in this revision, bringing the book up to date so far as the latest ideas regarding etiology, pathology, and treatment are concerned. The new illustrations add materially to the value of the book.

The volume has been reviewed several times in this Journal, and but little more can be said than has already been mentioned. Including, as it does, the three branches in one handy book, is an item strongly in its favor. The presswork is exceptionally good, and a careful study of the work will well repay any one, no matter how little work in this line he may do.

K. O. F.

**THE SURGICAL TREATMENT OF BRIGHT'S DISEASE.** By Geo. M. Edebohls, M. D. Octavo, 327 pages, cloth, \$2.00. F. F. Lissieck, 9 Murray street, New York.

The above work is a reprint of numerous brochures contributed to different medical periodicals by Dr. Edebohls during the past five years; all bearing on the subject of the surgical treatment of Bright's disease. To these is added a resume of 72 cases operated upon. The question at issue is the curability of Bright's disease by decapsulation of the kidney.

To the average medical mind the presumption would be against the claim; and after carefully weighing the evidence presented the Scotch verdict, not proven, must be rendered. The author manifests no disposition to be dogmatic, however. He recognizes the fact that because of the variableness which characterizes the course of Bright's disease, much time and a large number of cases are required to establish the value of any treatment. It must be conceded, however, that the operation in his hands is not a dangerous one, even on most unpromising

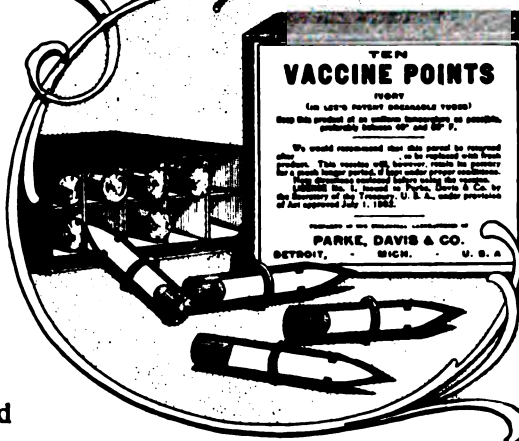
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subjects. All our previous conceptions of albuminuria are discounted by his report of percentages of 50 to 70. We would not have ventured an estimate of a tenth part as much. It is doubtful if the profession will to any great extent adopt the treatment. Sufficient interest is already awakened, however, to insure a thorough test of the procedure. The least that can be said is that the work under review is a most laudable, pains-taking attempt to contribute to the solution of a very difficult and important problem.

W. B. C.

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THE PHYSICIAN'S VISITING LIST for 1905. P. Blakiston's Son & Co. Philadelphia. Leather; price \$1.00.

This is the 54th year of the publication of this valuable visiting list. Each year has noted some improvement, and the 1905 list is about as near perfection as one may expect in a publication of this kind. Although its contents embrace a table of signs, incompatibles, poisoning, weights and measures, dose table, etc., it still retains its small pocket size which makes it so convenient to carry.

R. L. T.

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ELECTRO DIAGNOSIS AND ELECTRO THERAPEUTICS. By Dr. Toby Cohn. Published by Funk & Wagnalls Co. New York. Cloth, \$2.00.

The author varies from the custom usually followed by most writers of works on electro-therapeutics, by avoiding an extensive discussion of the apparatus necessary to the generation of the electric currents. He simply uses enough illustrations to represent a stationary apparatus for the generation of the galvanic and faradic currents, and the methods of their formation. The main part of the work is given to discussing electro-diagnosis and electro-therapeutics. A couple of chapters are devoted to the uses of therapeutic electricity and the doses of the high-tension currents. The book contains much useful information.

J. R. S.

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THE URINE and Clinical Chemistry of the Gastric Contents; the Common Poisons and Milk. By J. W. Holland, M.D. P. Blakiston's Son & Co., Philadelphia. 8vo, cloth, \$1.00.

This is a very useful book, and every practitioner of medicine will do well to study its pages. The author first gives complete directions for making examinations of the urine in all morbid conditions. He then discusses the gastric contents, and gives the methods of making examinations of them. Following this is an examination of the common poisons with the methods of their detection. The last chapter is on the study of normal milk, containing much information.

J. R. S.

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TOXICOLOGY. A Manual. By E. W. Dwight, M. D., 298 pages. Lea Brothers & Co. Philadelphia. Cloth. \$1.00.

The frequency with which poisoning is now met with and use of new drugs from which poisonous effects are likely to result, make it expedient that the doctor purchases a new work on toxicology from

time to time. As a rule, a small work answers his purpose as well as the larger expensive treatises. The book herein referred to is full, concise, and of recent construction. One of its best features is the number of new varieties of poisoning reported in current medical journals, showing that it is not merely old straw worked over. It will serve the doctor well.

H. W. F.

#### OHIO STATE TRANSACTIONS.

Dr. Harbert, Chairman of the Publishing Committee, informs us that he is about ready to mail the Transactions for 1904. As the Transactions this year are larger and consequently will cost the Society more, it is hoped that any member in arrears will promptly send his dues to the Treasurer, Dr. R. C. Wintermute, Leverone Bldg, 4 W. 7th St., Cincinnati, O.

THE CHRISTMAS DELINEATOR.—The December Delineator, with its message of good cheer and helpfulness, will be welcomed in every home. The fashion pages are usually attractive, illustrating and describing the very latest modes in a way to make their construction during the busy festive season a pleasure instead of a task, and the literary and pictorial features are of rare excellence.

The Theosophical Society, 244 Lenox Ave., New York City, has just started the publication of a monthly magazine called "The Word" at \$2.00 per year. The first issue contains the first of a series of articles on Plato by Dr. Alexander Wilder. Newark, N. J.

### COLLEGE AND SOCIETY NOTICES.

HALL OF ALPHA CHAPTER, T. A. E., Oct. 15, 1904.

Whereas, The Allwise Heavenly Father and Creator of mankind has deemed it best to remove from our midst our esteemed brother and friend, Dr. R. W. Stevenson, and

Whereas, In the death of Bro. Stevenson our Chapter has lost one of her most active members, the profession one of her most brilliant followers, and the family one who was ever a loving son and brother, therefore,

Be it resolved, That we, his brothers in the T. A. E., extend to those to whom he was so near and dear our heart felt sympathy and condolence, and commend them to the care of Him who will not leave them comfortless; and

Be it further resolved, That a copy of these resolutions be spread upon the minutes of the Chapter; that a copy be sent to the Eclectic Medical Journal and Gleaner for publication, and a copy be forwarded to the bereaved family.

GEO. E. DASH,

W. B. CUNNINGHAM

A. A. DEWEY.

Done in session, Oct. 15, 1904.

**Central Ohio Eclectic Medical Society.**

The newly organized Central Ohio Eclectic Medical Society held its second meeting at the Arcade Hotel, Springfield, O., on Tuesday, Nov. 1st, 1904. The meeting was well attended and a success from beginning to end.

The Committee on Constitution and By-laws made its report which was approved and adopted.

Dr. G. W. Reichard, of Springfield, was elected Vice President of the Association.

Dr. Reichard and Dr. J. H. Reynold each presented a clinic.

After the business meeting Dr. L. E. Russell, tendered a banquet in honor of the Society's distinguished guest, Prof. John Uri Lloyd.

Prof. Russell acted as toast-master, and toasts were responded to by Prof. Lloyd, Adam Schmidt, C. E. Miller, and Rev. Dr. McCabe.

A number of Springfield's leading pharmacists were guests at the banquet.

Prof. Lloyd addressed the Society on the Evolution of Pharmacy and Eclectic Medicine, after which he was made an honorary member of the Association.

Dr. W. H. Swisher extended an invitation for the Society to meet at Dayton, O. on Tuesday Jan. 3rd, 1905, and the invitation was accepted. We hope to see every Eclectic in this territory at the meeting.

GUY J. KENT, M. D. Cor. Sec'y Casstown, O.

The sixth quarterly meeting of the N. E. Ohio Eclectic Medical Society will be held Dec. 8, at the Hollenden Hotel, Cleveland. The following program will be rendered: Obstetrical Hints, Dr. A. F. Green—Cases in Practice, Dr. L. S. Graves—Few Interesting Cases of Heart Lesions, Dr. J. S. McClelland—Pneumonia and Treatment, Dr. E. Brinkerhoff—Pneumonia, Dr. W. K. Mock.

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## PERSONALS.

**MARRIED.**—At Portland, Oregon, Oct. 19th., Dr. Carl G. Patterson, E. M. I. '02 to Miss Charlotta Roberts.

**LOCATION.**—Good Location in Oklahoma for active young Eclectic. For further particulars address with stamp, Dr. W. T. Ray, Kelly, Okla.

**FOR SALE.**—\$8,000 practice in Southern California. Beach town of 6,000 inhabitants. Good schools and churches. Business lot 100 by 150: 10 room house, large barn. Residence, 3 room office on lot, and practice of the late Dr. J. H. Crawford for \$10,000. An unparalleled opportunity for a successful Eclectic physician.

MRS. J. H. CRAWFORD, Santa Monica, Cal.

**FOR SALE.**—Practice, including office furniture, drying outfit, formula for hernia injection, with outstanding accounts. \$500, 12,000 population, county seat of Jasper County. For further particulars address Dr. R. W. Webster, Carthage, Mo.

**LOCATION.**—In Galveston, Texas, for an Eclectic eye & eye specialist, and also for a surgeon. For particulars address with stamp, Dr. L. S. Downs, Galveston, Texas.

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associated with deficient gastric juice depends for its success upon the gentle stimulation of the gastric glands by the action of certain chemical excitants.

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*Obstetrics.*

This hospital, which was opened by the Sisters of Charity in October, 1900, now occupies its new, enlarged building, and being thoroughly equipped in every department of medicine and surgery, is ready for the reception of patients. It begs the active support of the Eclectic profession for charitable and for educational reasons. It is furnished with every convenience and comfort, and all the modern safeguards against hospital infection, with excellent and reputable physicians and specialists, trained nurses and visiting internes, and will be kept in the best possible sanitary condition. There are no hygienic evils in or about it, and those who entrust their patients to its management and medical control may feel confident of the best of care and the best results. There are a few rooms for charity patients, and private rooms with a varying scale of prices.

The hospital, as enlarged, with new operating amphitheater, is now open, and patients of all kinds, except contagious diseases, will be received from any part of the country. Correspondence solicited. For arrangements in regard to private cases, address any member of the faculty of the *Eclectic Medical Institute*. Correspondence in regard to clinical cases, which go before the college classes, should be addressed to

**JOHN K. SCUDDER, M. D., Secretary,**

1009 Plum Street, Cincinnati O.

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